

Schedule of Instruction

Semester & Year: _____ Department: _____

Subject: _____

Please prepare in triplicate. Use a separate form for each subject area.

DOUBLE SPACE entries. Distribution: 1-Department, 1-College, 1-Academic Affairs

Course	Section	Credit Hours	Hours and Days	Building and Room Desired	Est. No. Students	Number of Cards	Instructors Full Name

Dean of the College

Chairman of the Department

Date: _____

Date: _____