

## **Course Scheduling Maintenance Form**

## Office of the University Registrar classroomsched@uakron.edu

TERM: COURSE	YEAR:		(	COMPONENT:	☐ Lecture ☐ Lab		ed Learning CI Fee:		□ No
	Please check all that apply.	☐ Roor ☐ Cour	n se Title	☐ Class Limit ☐ Course Nor		nstructor	☐ Time/Day	☐ Meeting	Dates
							Saturday	Sunday	
Begin:	Start Time								
End:	End Time								
BUILDING:  INSTRUCTOR'S NAME:  INSTRUCTOR PRINT?   Yes   No ENROLLMENT CAPACITY:			ROOM: INSTRUCTOR ID: DEPARTMENT CONSENT:					_	
E-MAIL or EXTENSION:			APPROVAL, DEAN:					ATE:	