

BOWLING GREEN STATE UNIVERSITY CLASS DATA FORM

Date: _____ Department: _____

Call Number: _____
(entered by R&R)

Class Data (CLAS)

Term: _____ / _____ / _____ Class ID: _____
Year 1/2/3 Prefix Number A/C/E/H/L/R/W/X Suffix Section

Class Name: _____ Flex-Class? Y/N
(25 characters)

Begin-Date: _____ / _____ / _____ Max Size: _____ Proj Size: (room size) _____
Year Month Day

End-Date: _____ / _____ / _____ Credit Hours: Fixed _____ or Variable _____
Year Month Day Min Max

Facility Codes: _____ Wait-List? Y/N Reg-By-Dept? Y/N

Class Times (CTIM)

Week Code	Days	From Time	To Time	Bldg	Room	Room Type
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____

Does this class meet with another? Y/N If yes, identify class, class id: _____
 Cross-listed on which days? _____ and call number: _____

Instructors (CINS)

P 0 0 _____ Primary

P 0 0 _____

P 0 0 _____

Class Notes (CLNT)

(22 characters per line)

College signature is required after proofreading of class schedules.

x _____ Requested by: _____ Phone: _____