



BOWLING GREEN STATE UNIVERSITY

CLASS DATA FORM

Date: _____

*Academic Organization (dept): _____

Basic Data: * = required fields

*Term: _____ Campus: _____ Location: _____
(Main, Dist, eCamp or Fire) (Ex: OC-off campus, Web, Main, etc)

*Session: _____ *Class ID: _____
(Ex: Regular, 1st 6 week, etc.) Subject Area Catalog # Assoc #

Units: Fixed _____ or Variable _____
Min Max

Class Name/Topic: _____
(Up to 30 spaces allowed)

*Instruction Mode: _____
(Ex: P-In Person, AR-Arranged, RE, WB, etc.)

Session/Class Begin Date: _____ Session/Class End Date: _____
Month Day Year Month Day Year

Special Attribute: _____
(Ex: Web Based, Honors, GV, CLC, etc.)

Meeting Pattern:

Class Number	*Section	Days Of Wk	Mtg Start Time	Mtg End Time	*Max Enrl /Room Cap	*Enroll Cap	Wait List Cap	Wait List Auto Enroll (Y or N)	*Component (Lec/Lab/etc.)	Enroll or Non-Enroll	Auto Enrl 1	Room
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Does this class meet with another? Y N If yes, identify Class _____ & Class Number _____ Combined on which days? _____
(cross-listed)

Extra Fees: Y N ECAM cap: _____
 MAIN cap: _____
 Requisite code: _____

No Textbook Required:

Instructor(s)
 Ø Ø _____ Primary/Post
 Ø Ø _____

Class Notes (Free Form Note):

 or Note Number _____

Special Requisites

(Ex: Learning Community, Honors, etc.)

College Signature is required after proofreading of schedule of classes.

X _____ *Requested by: _____ *Phone: _____

Submit form to Office of Registration and Records