SEMESTER COURSE OFFERINGS

(Please complete all fields other than CRN if adding new section, otherwise fill in CRN and CHANGES only)

Registrar's Office
525 S. Main Street
Ada, OH 45810
(419) 772-2024
FAX (419) 772-2627
registrar@onu.edu

Part of Term | **College** | **Department** | **Semester** | **Year** | Page of

CRN or Blank for New Section	SUBJ	COURSE	COURSE TITLE ('DELETE' if course is to be deleted)	SECT	SCHED TYPE	GRADE MODE (N or S/U)	DEPT (DP)/ INSTR (IN) APPROVAL	CR HRS	LIMIT	WAIT LIST	DAYS	TIME (START-END)	BUILDING	ROOM	FACULTY BANNER ID# (required)	FACULTY NAME

Valid Schedule Types: L=Lecture LB1=Lab 1:1 credit/contact ratio (1+2) LB2=Lab 1:2 credit/contact ratio (2+1) LB3=Lab 1:3 credit/contact ratio (3+0) LLB=Lecture/Lab LLC=Lecture/Lab/Clinical LCN=Lecture/Clinical II=Individual Instruction IS=Independent Study S=Seminar HYB=Hybrid Courses DL=Distance Learning STT=Student Teaching PA=Performance/Activities PC=Practicum/Clinical CO=Co-op IN=Internship CAP=Capstone CEC=Certificate ABR=Study Abroad

Print Form

Department Chair | Date | Academic Dean | Date

REGISTRAR'S USE ONLY (SSASECT) **By:** **Date:**

Rev. 9/24/2014