**OFF CYCLE CLASS SCHEDULE**

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| **DATE**: | | |
| **LOCATION:** | | |
| **START DATE:** | | |
| **END DATE:** | | | |
| **COURSE NAME:** | **COURSE NO:** | | |
| **CLASS DAYS:** | |
| **INSTRUCTOR:** | |
| **DEPT. CHAIR APPROVAL:** | |
| **DIVISION CHAIR APPROVAL:** | |
| **DEAN’S APPROVAL:** | |

**FOR DATA MANAGEMENT OFFICE USE ONLY**

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| **CRSE NUMBER:** | **10% DATE:** |
| **SEC NUMBER:** | |
| **CAP NUMBER:** | **90% DATE:** |

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| **MM/DD/YY** | **LOCATION** | **START TIME** | **END TIME** | **HOURS or MINUTES**  **(pick one type)** |
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