SPRING FALL CEAO SCHEDULE CORRECTION SUMMER _____ — CRN . ADD = For new sections and changes to the method, session, or campus. **DEPT PHONE COURSE-SECTION** TITLE **METHOD PERMISSION ENDS** CREDIT HRS SELECT LAB ENROLLMENT **SESSION STARTS PRIMARY** START TIME **CAMPUS DAYS END TIME** SECONDARY/ LAB **PRIMARY INSTRUCTOR LAST FIRST MIDDLE M**# **CATEGORY** SECONDARY/LAB **INSTRUCTOR** ADJUNCT CROSSLIST OVERLOAD IF CROSSLIST CHECKED, LIST_____ CRN _ CHANGE -Changes to the items below. Only complete fields with changes. **COURSE-SECTION** TITLE **ENROLLMENT PRIMARY DAYS** START TIME **END TIME BUILDING ROOM** SECONDARY/ LAB **PRIMARY INSTRUCTOR LAST MIDDLE CATEGORY FIRST M**# SECONDARY/LAB **INSTRUCTOR** ADJUNCT | CROSSLIST | IF CROSSLIST CHECKED, LIST_ OVERLOAD | **DELETE/INACTIVATE CRN COURSE-SECTION CREDIT HRS DELETE INACTIVATE BLACKBOARD COURSE** Remarks Chairman Dean, CEAO Date Date Academic Affairs Dean Date Date Official Use Only COPY ON GREEN 10/09 Completed _____ Called ____ Faxed to BB _