COURSE SUBMISSION FORM
MARSHALL UNIVERSITY

FALL _____ Intersession _____
SPRING _____ Summer I _____
Summer II _____
Summer III _____

Department Chair : _____ Academic Dean : _____ Date : _____
(Signature) *(Signature)*

	Depart & Course #	Section #	CRN	Cr. Hrs	Days	Times	Building & Room	Instructor's Name/901	Enrollment Limit	Campus Code	Book Info	Remarks / Special Topics Title
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