COURSE SUBMISSION FORM
MARSHALL UNIVERSITY

FALL _____ **Summer A** _____
SPRING _____ **Summer B** _____
Summer C _____
Summer D _____

Department Chair : _____ *(Signature)*

Academic Dean : _____ *(Signature)*

Date : _____

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