COURSE SUBMISSION FORM
MARSHALL UNIVERSITY

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

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
1												
2												
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