

Course Maintenance Form

Office of the Registrar, University of Oregon

_____ (000-499)
 _____ (500+)
 Subject _____ Crse Num _____

Term: F W S U Year _____

Action: Add Cancel Change

 (Upper- and lower-case letters - limited to 22 characters; if unsure of abbreviations, indicate full title)

Credit Subject: _____ Status: _____ Schedule Type: _____ Campus: _____ (I=UO Campus) Part-of-term: _____ UO Grading: <input type="radio"/> Opt <input type="radio"/> G <input type="radio"/> P/N Major Grading: <input type="radio"/> Opt <input type="radio"/> G <input type="radio"/> P/N Approval: _____ (I or D) req from _____ thru _____ <i>DuckWeb</i> _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cross List Group Print in Schedule <input type="checkbox"/> Enrollment Limits (000-499) (500+) Total Max: _____ Cross List Group Total: _____ Credit Hours Min: _____ Max: _____
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Section Flags W I
 (Individualized Study) (Disabled Instructor) (Added After Publication)
 Do you need a room assigned? Yes No
Course meeting information:

Days	Time	Bldg	Room
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Equipment Needs
 RLTA MVCR MCOM Other: _____

Meeting dates, if not full term: _____
 Pre/Co-requisites/Comments (30 spaces): _____
 Notes: _____
 Text for non-standard notes: _____

Instructor	ID#	Last Name	First	M.I.	%	Primary
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Section Fees	Detail Code	Description	Amount	Fee Type
_____	_____	_____	_____	_____

Links for labs, discussions, drills, tutorials, or field studies. Note: *Zero credit links must have a generic section title, i.e., "+LAB" or "+DIS."*
 Is this section linked to another section?
 Yes No If yes, CRN or Crse #: _____

Registration Restrictions
 College: _____ Major: _____ Minor: _____

Check College restrictions through: _____
Check Major restrictions through: _____
Check Minor restrictions through: _____

Alternate Publishing	Authorized by:	Department	College
Subject _____	Dept.Rep. _____	_____	_____
_____	_____	_____	_____

Department Representative: _____ Department: _____ Ext: _____ Date: _____