

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
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Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
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Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
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Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
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Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
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Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
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Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
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If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
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Contact Hours		Room Type:
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SIS Division:			
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Course No:	Section:	Sect Type	
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Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
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Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
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Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

SIS Division:			
SIS Department:		Sect Type	
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester		
If N-No. of Days or Week		
Contact Hours & Room Type Breakout:		
Contact Hours		Room Type:
Contact Hours		Room Type:
Contact Hours		Room Type:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept.		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	

Meets All Semester	
If N-No. of Days or Week	
Contact Hours & Room Type Breakout:	
Contact Hours	Room Type:
Contact Hours	Room Type:
Contact Hours	Room Type:

Building & Room If Departmentally Controlled:

Building: Room:
 Other Comments:

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	

Meets All Semester	
If N-No. of Days or Week	
Contact Hours & Room Type Breakout:	
Contact Hours	Room Type:
Contact Hours	Room Type:
Contact Hours	Room Type:

Building & Room If Departmentally Controlled:

Building: Room:
 Other Comments:

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	

Meets All Semester	
If N-No. of Days or Week	
Contact Hours & Room Type Breakout:	
Contact Hours	Room Type:
Contact Hours	Room Type:
Contact Hours	Room Type:

Building & Room If Departmentally Controlled:

Building: Room:
 Other Comments:

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	

Meets All Semester	
If N-No. of Days or Week	
Contact Hours & Room Type Breakout:	
Contact Hours	Room Type:
Contact Hours	Room Type:
Contact Hours	Room Type:

Building & Room If Departmentally Controlled:

Building: Room:
 Other Comments:

FS05 Instructional Space Survey

Acct. Div:		Accounting Division Name:	
Acct. Dept:		Accounting Department Name:	
Curricular Designation		Designator Name:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	

SIS Division:			
SIS Department:			
Course No:	Section:	Sect Type	
Course Name:			
Building Name:	Bldg.	Room:	
Auth. Capacity:		Room Cap:	
Section Enroll:		Contact Hrs:	
Building & Room If Departmentally Controlled:			
Building:		Room:	
Other Comments:			

Meets All Semester			
If N-No. of Days or Week			
Contact Hours & Room Type Breakout:			
Contact Hours		Room Type:	
Contact Hours		Room Type:	
Contact Hours		Room Type:	