



Office of the University Registrar  
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TERM:  
COURSE

YEAR:

COMPONENT:  Lecture    Distributed Learning Class:  Yes  No  
 Lab    Course Fee:  Yes  No

*Please check all  
that apply.*

Room     Class Limit     Instructor     Time/Day     Meeting Dates  
 Course Title     Course Non Print

**MEETING DATES:**

Begin:

End: