

NAME: _____

SAMPLE ONLY - OBTAIN FORM FROM DEPT. OFFICE

DEPARTMENT OF ENTOMOLOGY PROPOSED SCHEDULE OF CLASS

FALL: _____ **SPRING:** _____ **SUMMER:** _____

FALL: _____ **SPRING:** _____ **SUMMER:** _____

FALL: _____ **SPRING:** _____ **SUMMER:** _____

FALL: _____ **SPRING:** _____ **SUMMER:** _____
