Galley Proof Comment Sheet

Semester: _____________  Department/Area: _____________________________

Check items reviewed:

All Departments
☐ Draft Printed Schedule
☐ Draft Front Matter

Selected Departments
☐ Simultaneously Scheduled Classes
☐ Linked Lecture-Lab Classes
☐ Course Repetition Families

Class Schedule Notes
Use this area to indicate classes where there’s a discrepancy between what was submitted for the second draft and what’s in the schedule. Use the appropriate Schedule Change Form to indicate any other schedule changes.

☐ Check this box if there are no changes needed.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course</th>
<th>Section</th>
<th>Notes</th>
</tr>
</thead>
</table>

Other Notes
Please use this area to indicate other notes about the printed schedule (e.g., changes in sort order of classes; cross-listing updates; updates to a department phone number; front matter updates).

☐ Check this box if there are no changes needed.

Signature

Name: ____________________  Signature: ____________________

& Date: ____________________