



**University of Pittsburgh**  
**Class Section Update Report**

**Criteria Selected**

Selected Term : Summer Term 2019-2020

Selected Campus : PIT - Pittsburgh Campus

Selected Academic Group : DEMED - School of Dental Medicine

Selected Subject Area(s) : CDENT - Community Dentistry, DENHYG - Dental Hygiene, DENT - Dental Medicine, DIASCI - Diagnostic Sciences, DSANE - Dental Anesthesiology, DSMIC - Dental Microbiology, DSPHL - Dental Pharmacology, ENDOD - Endodontics, FTDN - FT Diss Study D MED, ODO - Orthodon & Dentfacial Orthoped, OMFP - Oral and Maxillofacial Path, ORBIOL - Oral Biology, ORSUR - Oral and Maxillofacial Surgery, PEDENT - Pediatric Dentistry, PERIO - Periodontics, PROSTH - Prosthodontics, RESTD - Restorative Dentistry

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 103695	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> CDENT	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2113	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11435			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> PH-CD - Public Health & Community Dent			

**Short Title:** DENTAL RESEARCH METHODOLOGY 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 3390027	Primary Instructor	Shah,Nilesh H

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 103708	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 3.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> CDENT	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 3.00	<b>FA Units:</b> 3.00
<b>Catalog Nbr:</b> 5281	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11441			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> PH-CD - Public Health & Community Dent			

**Short Title:** SCOPE 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 2909872 **Instructor Role:** Primary Instructor **Instructor Name:** Rubin,Richard W.

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 90

<b>Course Attribute:</b> INTH	<b>Course Attribute Value:</b> GENIM	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
-------------------------------	--------------------------------------	---	---	--	---

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185222	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> CDENT	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5282	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17360			
<b>Course Offering Nbr:</b> 1			

**Academic Organization:** PH-CD - Public Health & Community Dent

**Short Title:** CLN APPLC OF PROB-SOLV SKILLS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1010 **Location:** PGH

Schedule	Instructor	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N	ID: 2909421 2909421	Primary Instructor Primary Instructor	Markovic,Nina Markovic,Nina

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
SALK00402	00402	126	10:00 AM	11:50 AM	Mo	5/4/2020	6/13/2020
SALK00402	00402	126	1:00 PM	3:50 PM	We	5/4/2020	6/13/2020

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
--	-------------------------------	---	--------------------------------

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 173384	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> CDENT	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5342	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20681			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> PH-CD - Public Health & Community Dent			

**Short Title:** INTRO TO BEHAVIORAL DENTISTRY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Schedule Print:** Y  Y/N  **Instructor ID:** 0 **Instructor Role:**  **Instructor Name:** No Instructor Assigned

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF with +/- Values	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 85
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 103720 **Subject Area:** CDENT **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 11465 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** PH-CD - Public Health & Community Dent

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2909872 **Primary Instructor** Rubin,Richard W.

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 103720 **Subject Area:** CDENT **Class Section:** 1030 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 19724 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** PH-CD - Public Health & Community Dent

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1030 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2961281 **Primary Instructor** **Burgette, Jacqueline**

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 5

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 103720 **Subject Area:** CDENT **Class Section:** 1050 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 15735 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** PH-CD - Public Health & Community Dent

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2909896 **Primary Instructor** Polk,Deborah E.

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106068 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 0.00 **Maximum Units:** 0.00  
**Catalog Nbr:** 1000 **Component:** DIR - Directed Studies **Academic Progress Units:** 12.00 **FA Units:** 12.00  
**Class Nbr:** 11405 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** FULL-TIME DENTAL HYGIENE STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2963939 **Primary Instructor** Wagner,Kelly R

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** Department Consent Required  **Grading Basis:** No Grade Required  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 15

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106068 **Subject Area:** DENHYG **Class Section:** 1100 **Minimum Units:** 0.00 **Maximum Units:** 0.00  
**Catalog Nbr:** 1000 **Component:** DIR - Directed Studies **Academic Progress Units:** 12.00 **FA Units:** 12.00  
**Class Nbr:** 11491 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** FULL-TIME DENTAL HYGIENE STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/4/2020 **End Date:** 6/20/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2907302 **Instructor Role:** Primary Instructor **Instructor Name:** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/20/2020

**Consent:** Department Consent Required  **Grading Basis:** No Grade Required  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106068 **Subject Area:** DENHYG **Class Section:** 1200 **Minimum Units:** 0.00 **Maximum Units:** 0.00  
**Catalog Nbr:** 1000 **Component:** DIR - Directed Studies **Academic Progress Units:** 12.00 **FA Units:** 12.00  
**Class Nbr:** 11414 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** FULL-TIME DENTAL HYGIENE STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** 6W2 **Start Date:** 6/22/2020 **End Date:** 8/8/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2907302 **Instructor Role:** Primary Instructor **Instructor Name:** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/22/2020 **End Date:** 8/8/2020

**Consent:** Department Consent Required  **Grading Basis:** No Grade Required  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106071 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1077 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 18461 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DIRECTED STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/4/2020 **End Date:** 6/20/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2907302 **Primary Instructor** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/20/2020

**Consent:** Department Consent Required **Grading Basis:** LG/SU3 Elective Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106071 **Subject Area:** DENHYG **Class Section:** 1020 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1077 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11412 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DIRECTED STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1020 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2907302 **Instructor Role:** Primary Instructor **Instructor Name:** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** Department Consent Required  **Grading Basis:** LG/SU3 Elective Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106071 **Subject Area:** DENHYG **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1077 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11413 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DIRECTED STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W2 **Start Date:** 6/22/2020 **End Date:** 8/8/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2907302 **Instructor Role:** Primary Instructor **Instructor Name:** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/22/2020 **End Date:** 8/8/2020

**Consent:** Department Consent Required **Grading Basis:** LG/SU3 Elective Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106091 **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** DENHYG **Component:** LEC - Lecture **Academic Progress Units:** 3.00  
**Catalog Nbr:** 1370 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 11399 **Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** INTRO TO CLINICAL PERIODONTICS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2909179 **Instructor Role:** Primary Instructor **Instructor Name:** Seyedain,S. Ali

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 9:00 AM **Mtg End:** 11:50 AM **Day:** Fr **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 40

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106093 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1372 **Component:** LEC - Lecture **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 11397 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** GENERAL AND ORAL PATHOLOGY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2929644 **Instructor Role:** Primary Instructor **Instructor Name:** Bilodeau,Elizabeth Ann

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 8:00 AM **Mtg End:** 9:50 AM **Day:** WeTh **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 40

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106094 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1373 **Component:** LEC - Lecture **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 11398 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** BIOLOGICAL SCIENCES 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2932144 **Instructor Role:** Primary Instructor **Instructor Name:** Prasad,Joanne Leger  
2932144 **Instructor Role:** Primary Instructor **Instructor Name:** Prasad,Joanne Leger

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
TBATBA	TBA	0	1:00 PM	1:50 PM	Fr	5/4/2020	8/8/2020
TBATBA	TBA	0	10:00 AM	11:50 AM	Th	5/4/2020	8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 40

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106096 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 1375 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 11410 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** ANESTHESIA FOR DENT HYGIENISTS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2945735 **Instructor Role:** Primary Instructor **Instructor Name:** Cooke,Matthew Robert  
2963939 **Instructor Role:** Primary Instructor **Instructor Name:** Wagner,Kelly R

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 1:00 PM **Mtg End:** 2:50 PM **Day:** Th **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 40

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106097 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 1376 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11438 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DENTAL HYGIENE RADIOLOGY 2

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/4/2020 **End Date:** 6/20/2020 **Associated Class:** 1010 **Location:** PGH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N

**ID:**  
3438127 Primary Instructor  
2963939 Special Stiles,Alyssa  
Wagner,Kelly R

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 8:00 AM **Mtg End:** 8:50 AM **Day:** TuFr **Start Date:** 5/4/2020 **End Date:** 6/20/2020

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 40

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106098 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 1377 **Component:** SEM - Seminar **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11401 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DENTAL HYGIENE SEMINAR 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 1124315 **Instructor Role:** Primary Instructor **Instructor Name:** Mahan,Faith M

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 10:00 AM **Mtg End:** 11:50 AM **Day:** We **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106099 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1379 **Component:** CLN - Clinical **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 11400 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DENTAL HYGIENE CLINIC 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 1124315 **Instructor Role:** Primary Instructor **Instructor Name:** Mahan,Faith M  
1124315 Primary Instructor Mahan,Faith M

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
TBATBA	TBA	0	9:00 AM	11:50 AM	MoTu	5/4/2020	8/8/2020
TBATBA	TBA	0	1:00 PM	4:30 PM	MoTu	5/4/2020	8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 50

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106118 **Class Section:** 1040 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** DENHYG **Component:** SEM - Seminar **Academic Progress Units:** 1.00  
**Catalog Nbr:** 1547 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11492 **Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** DENTAL HYGIENE SEMINAR 4

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1040 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2963939 **Instructor Role:** Primary Instructor **Instructor Name:** Wagner,Kelly R

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106124 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 1689 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 11448 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** ADV CLINICAL DENT HYGIENE PRACT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2963939 **Instructor Role:** Primary Instructor **Instructor Name:** Wagner,Kelly R  
2963939 Primary Instructor Wagner,Kelly R

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
TBATBA	TBA	0	9:00 AM	11:50 AM	ThFr	5/4/2020	8/8/2020
TBATBA	TBA	0	1:00 PM	4:30 PM	ThFr	5/4/2020	8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** H/S/U Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 50

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106124 **Subject Area:** DENHYG **Class Section:** 1100 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 1689 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 11408 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** ADV CLINICAL DENT HYGIENE PRACT

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/4/2020 **End Date:** 6/20/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2963939 **Instructor Role:** Primary Instructor **Instructor Name:** Wagner,Kelly R  
2963939 Primary Instructor Wagner,Kelly R

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
TBATBA	TBA	0	9:00 AM	11:50 AM	ThFr	5/4/2020	6/20/2020
TBATBA	TBA	0	1:00 PM	4:30 PM	ThFr	5/4/2020	6/20/2020

**Consent:** No Special Consent Required **Grading Basis:** H/S/U Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 50

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106124 **Subject Area:** DENHYG **Class Section:** 1200 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 1689 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 11411 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** ADV CLINCAL DENT HYGIENE PRACT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** 6W2 **Start Date:** 6/22/2020 **End Date:** 8/8/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2963939 **Instructor Role:** Primary Instructor **Instructor Name:** Wagner,Kelly R

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/22/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** H/S/U Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 15

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106127 **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** DENHYG **Component:** PRA - Practicum **Academic Progress Units:** 3.00  
**Catalog Nbr:** 1902 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 11421  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** ALLD HEALTH EDUCATION PRACTCM

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2904230 **Instructor Role:** Primary Instructor **Instructor Name:** Washburn,Carol A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106133 **Subject Area:** DENHYG **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 1922 **Component:** PRA - Practicum **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 11415 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DENHYG - Dental Hygiene

**Short Title:** HEALTH MANAGEMENT PRACTICUM

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2907302 **Instructor Role:** Primary Instructor **Instructor Name:** Riccelli,Angelina

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 177229	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 1917	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18592			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** DIRECTED STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> ST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 8/8/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2936617	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Beniash,Elia
--------------------------	------------------------------	-------------------------------	--	--------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 8/8/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> LG/SU3 Elective Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106194	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 2001	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11394			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME GRADUATE DENTAL MEDI

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106194	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 2001	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11395			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME GRADUATE DENTAL MEDI

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106194	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 2001	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11396			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME GRADUATE DENTAL MEDI

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor ID:</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
Print: Y <input type="checkbox"/> Y/N	2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106202	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2130	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11445			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** APPLIED HEAD AND NECK ANATOMY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 3741865	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Shupak, Raymond Patrick
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 187348	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> DENT	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2150	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18572			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** ETHICS IN DENTAL SPECIALTIES

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 150193	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2201	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11449			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2908914	Primary Instructor	Marazita, Mary Louise
	2906063	Primary Instructor	Petrone, Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> Instructor/Advisor Table Edit	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170050	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2202	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18887			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170050	<b>Class Section:</b> 1080	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2202	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18609			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 2

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1080	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170056	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2203	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18608			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 150194	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2204	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11450			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 4

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2908914	Primary Instructor	Marazita, Mary Louise
	2906063	Primary Instructor	Petrone, Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> Instructor/Advisor Table Edit	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170057	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2205	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18607			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 5

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 170058 **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Subject Area:** DENT **Component:** THE - Thesis Research **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Catalog Nbr:** 2206 **Class Type:** Enrollment Section  
**Class Nbr:** 18606  
**Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** MASTERS RESEARCH 6

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2906063 **Instructor Role:** Primary Instructor **Instructor Name:** Petrone,Joseph F. A.

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Instructor Consent Required **Grading Basis:** Grad SN Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 15

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170059	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2207	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11473			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 7

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y	<b>ID:</b>		
<input type="checkbox"/> Y/N	2908914	Primary Instructor	Marazita, Mary Louise
	2906063	Primary Instructor	Petrone, Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 170059	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2207	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16157			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** MASTERS RESEARCH 7

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2908914	Primary Instructor	Marazita, Mary Louise
	2906063	Primary Instructor	Petrone, Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106208	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 5000	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11464			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME DENT MED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905285	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> O'Donnell, Jean A
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106208	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 5000	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11409			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME DENT MED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905285	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> O'Donnell, Jean A
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106208	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 5000	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11406			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME DENT MED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905285	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> O'Donnell, Jean A
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106208	<b>Class Section:</b> 1999	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 5000	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18490			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** FULL-TIME DENT MED STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1999	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N  **ID:** 2933832 **Primary Instructor** Potluri,Anitha

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 184995	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5178	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18202			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** QUALITIES OF A GEN DENTIST 3

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b>	<b>Instructor Role:</b>	<b>Instructor Name:</b>
		2905285	Primary Instructor	O'Donnell, Jean A
		2903537	Primary Instructor	Oakley, Marnie
		1774899	Special	Wahl, Michael

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 184996	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5278	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17330			
<b>Course Offering Nbr:</b> 1			

**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** QUALITIES OF A GEN DENTIST 6

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1010 **Location:** PGH

Schedule	Instructor ID:	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N	2905285	Primary Instructor	O'Donnell, Jean A
	2903537	Primary Instructor	Oakley, Marnie
	1774899	Special	Wahl, Michael

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
-----------------------------	------------------	-------------------------	--	--------------------------------------	----------------------------------	-----------------------------	----------------------------

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
---	--------------------------------------	--	--------------------------------

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 181635	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DENT	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5283	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16099			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** DIAGNOSIS TREATMENT PLANNING 3

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2964240	Primary Instructor	Balakrishnan,Nyla
	2905285	Secondary Instructor	O'Donnell,Jean A

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 189481	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 3.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 3.00	<b>FA Units:</b> 3.00
<b>Catalog Nbr:</b> 5377	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 19709			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DEMED - School of Dental Medicine			

**Short Title:** SUCCESSFUL PRACTICE MNGMT 3

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 1249710 1774899	<b>Instructor Role:</b> Primary Instructor Special	<b>Instructor Name:</b> Grafton,Sarah Esseck Wahl,Michael
--------------------------	------------------------------	---	--	---

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 85
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 184997	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5378	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17331			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** QUALITIES OF A GEN DENTIST 9

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

Schedule	Instructor ID:	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N <input type="checkbox"/>	2905285	Primary Instructor	O'Donnell, Jean A
	2903537	Primary Instructor	Oakley, Marnie
	1774899	Special	Wahl, Michael

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
-----------------------------	------------------	-------------------------	--	--------------------------------------	----------------------------------	-----------------------------	----------------------------

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
---	--------------------------------------	--	--------------------------------

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106247	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5383	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11470			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** CLN ORL DIAG & TRMNT PLANNG 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 3361591	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Ryan,Katie Jane
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 95
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 187477	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5388	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18661			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** CLNCL SPECIAL NEEDS DNTSTRY 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2942314	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Taiclet,Lynne M
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185070	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5478	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18292			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** QUALITIES OF A GEN DENTIST 12

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b>	<b>Instructor Role:</b>	<b>Instructor Name:</b>
		2905285	Primary Instructor	O'Donnell, Jean A
		2903537	Primary Instructor	Oakley, Marnie
		1774899	Primary Instructor	Wahl, Michael

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185070	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5478	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17332			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** QUALITIES OF A GEN DENTIST 12

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

Schedule	Instructor ID:	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N	2905285	Primary Instructor	O'Donnell, Jean A
	2903537	Primary Instructor	Oakley, Marnie
	1774899	Primary Instructor	Wahl, Michael

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
-----------------------------	------------------	-------------------------	--	--------------------------------------	----------------------------------	-----------------------------	----------------------------

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
---	--------------------------------------	--	--------------------------------

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185070	<b>Class Section:</b> 1060	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5478	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17334			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** QUALITIES OF A GEN DENTIST 12

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1060	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor ID:</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	2905285	Primary Instructor	O'Donnell, Jean A
	2903537	Primary Instructor	Oakley, Marnie
	1774899	Primary Instructor	Wahl, Michael

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 50
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185604	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5913	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18220			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** EDUCATIONAL ADMINISTRATION

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2910217	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Horvath,Zsuzsa
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 186742	<b>Class Section:</b> 1700	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5915	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18343			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** INTRO TO PEER TUTRG IN DENT ED

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1700	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2910217	Primary Instructor	Horvath,Zsuzsa
	2910453	Primary Instructor	Wankiiri-Hale,Christine

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> 12:00 PM	<b>Mtg End:</b> 12:00 PM	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 186743 **Subject Area:** DENT **Class Section:** 1700 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5916 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 18344 **Class Type:** Enrollment Section **Units:** 1.00 **1.00**  
**Course Offering Nbr:** 1

**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** PEER TUTORING IN DENT EDUCATN

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1700 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:**  
2910217 Primary Instructor Horvath,Zsuzsa  
2910453 Primary Instructor Wankiiri-Hale,Christine

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 12:00 PM **Mtg End:** 12:00 PM **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 15

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 189658	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DENT	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5920	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20015			
<b>Course Offering Nbr:</b> 1			

**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** PRINCIPLES CLINICAL TEACHING

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2910217	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Horvath,Zsuzsa
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 189657 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** DENT **Component:** IND - Independent Study **Academic Progress Units:** 1.00  
**Catalog Nbr:** 5921 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 20014 **Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** CLINICAL TEACHING PRACTICUM

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2910217 **Primary Instructor** Horvath,Zsuzsa

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 177234	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DENT	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5947	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18816			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** DIRECTED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2942314	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Taiclet,Lynne M
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 183051 **Subject Area:** DENT **Class Section:** 1020 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5977 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 17354 **Class Type:** Enrollment Section **Units:** 1.00 **1.00**  
**Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** EDUCL RES DENTAL MEDICINE (R)

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1020 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2910217 **Primary Instructor** Horvath,Zsuzsa

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185477	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DENT	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5980	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17723			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** LDRS & CARR DVLP IN DENT EDUC

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2903537 2910453	<b>Instructor Role:</b> Primary Instructor Primary Instructor	<b>Instructor Name:</b> Oakley,Marnie Wankiiri-Hale,Christine
--------------------------	------------------------------	---	---	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
----------------------------	------------------	-------------------------	--	--------------------------------------	----------------------------------	-----------------------------	----------------------------

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
---	--------------------------------------	--	--------------------------------

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 185479 **Subject Area:** DENT **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5982 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 17971 **Class Type:** Enrollment Section **Units:** 1.00 **1.00**  
**Course Offering Nbr:** 1

**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** TCH PRACTICUM IN DENTAL EDUC

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2910217 **Primary Instructor** Horvath,Zsuzsa

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106288	<b>Class Section:</b> 1040	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2110	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11481			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** ADVANCED ORAL PATHOLOGY 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1040	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor ID:</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	2929644 2915761	Primary Instructor Primary Instructor	Bilodeau,Elizabeth Ann Summersgill,Kurt Fry

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 173092	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2191	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11480			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** PATHOBIOLOGY 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2913462	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sfeir, Charles S
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 173192	<b>Class Section:</b> 1040	<b>Minimum Units:</b> 5.00	<b>Maximum Units:</b> 5.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 5.00	<b>FA Units:</b> 5.00
<b>Catalog Nbr:</b> 5170	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11483			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** GENERAL & SYSTEMIC PATHOLOGY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1040 **Location:** PGH

Schedule	Instructor	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2915761	Primary Instructor	Summersgill,Kurt Fry
	2915761	Primary Instructor	Summersgill,Kurt Fry
	2915761	Primary Instructor	Summersgill,Kurt Fry

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
SALK00355	00355	171	8:00 AM	9:50 AM	Mo	5/4/2020	7/25/2020
SALK00355	00355	171	10:00 AM	11:50 AM	Tu	5/4/2020	7/25/2020
SALK00355	00355	171	10:00 AM	11:50 AM	Th	5/4/2020	7/25/2020

<b>Consent:</b>	<b>Grading Basis:</b>	<b>Instructor Edit:</b>	<b>Enrollment Capacity:</b> 85
No Special Consent Required	Grad Letter Grade	No Enrollment Choice	

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 190057	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> DIASCI	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 5171	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20098			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** INTRODUCTION TO RADIOLOGY 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2963361	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vijayan,Suvendra
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 80
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 173459	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5373	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11484			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** RAIOLGY, IMAGING AND INTPT

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2933832	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Potluri,Anitha
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALK00355	<b>Room:</b> 00355	<b>Room Capacity:</b> 171	<b>Mtg Start:</b> 8:00 AM	<b>Mtg End:</b> 8:50 AM	<b>Day:</b> We	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106315	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5389	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16967			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** CLINICAL EMERGENCY 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905296	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Levine,Steven C
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106320 **Subject Area:** DIASCI **Class Section:** 1050 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 15694 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2915761 **Instructor Role:** Primary Instructor **Instructor Name:** Summersgill,Kurt Fry

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106320 **Subject Area:** DIASCI **Class Section:** 1060 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 15695 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1060 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2933832 **Primary Instructor** Potluri,Anitha

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106320 **Subject Area:** DIASCI **Class Section:** 1070 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 18574 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** DMED-DIAG - Dent Med - Dept Diag Serv

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1070 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2929644 **Primary Instructor** Bilodeau,Elizabeth Ann

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 180525	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5911	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16467			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** DENTAL EMERGENCY SELECTIVE

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905296	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Levine,Steven C
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 180576	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DIASCI	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5917	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18258			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DIAG - Dent Med - Dept Diag Serv			

**Short Title:** ORAL HD & NK CANCER SELECTIVE

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2900857 **Instructor Role:** Primary Instructor **Instructor Name:** Guggenheimer,James

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 176512 **Class Section:** 1040 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** DSANE **Component:** SEM - Seminar **Academic Progress** **FA Units:** 2.00  
**Catalog Nbr:** 2260 **Class Type:** Enrollment Section **Units:** 2.00  
**Class Nbr:** 14356 **Course Offering Nbr:** 1  
**Academic Organization:** DSANE - Dental Anesthesiology

**Short Title:** POSDC MODERATE SEDATION 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1040 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N  **ID:**  
2907208 Primary Instructor Cuddy,Michael A  
2932805 Primary Instructor Heinrichs,Edward Paul

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** 4:00 PM **Mtg End:** 4:55 PM **Day:** Tu **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 25

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106363 **Subject Area:** DSANE **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5272 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11468 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DSANE - Dental Anesthesiology

**Short Title:** ANESTHESIA 2: MEDL EMERGENCIES

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2905422 **Instructor Role:** Primary Instructor **Instructor Name:** Laverick,Walter P

**Facility ID:** SALK00458 **Room:** 00458 **Room Capacity:** 120 **Mtg Start:** 8:00 AM **Mtg End:** 9:50 AM **Day:** Th **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic:** PeopleSoft - Scheduled (PS)

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106369 **Subject Area:** DSANE **Class Section:** 1020 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 14465 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** DSANE - Dental Anesthesiology

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1020 **Location:** PGH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2907208 **Primary Instructor** **Cuddy,Michael A**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106369	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> DSANE	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 19829			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DSANE - Dental Anesthesiology			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
---	------------------	--------------------

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
---------------------	-----------------------------	----------------------------	-------------------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2945735	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Cooke,Matthew Robert
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
----------------------------	------------------	-------------------------	-------------------	-----------------	-------------	-----------------------------	----------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 1
---	--------------------------------------	--	-------------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
--------------------------	--------------------------------	----------------------------------	--------------------------------------	---------------------------------------	--

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 106374 **Subject Area:** DSANE **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5971 **Component:** CLN - Clinical **Academic Progress** **FA Units:** 1.00  
**Class Nbr:** 11469 **Class Type:** Enrollment Section **Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** DSANE - Dental Anesthesiology

**Short Title:** CLINICAL ANESTHESIOLOGY 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2907208 **Primary Instructor** Cuddy,Michael A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 25

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106410	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DSMIC	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5941	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11436			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** IMMUNOLOGY ORAL FACIAL COMPLEX

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2908826	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Baker, John J
--------------------------	------------------------------	-------------------------------	--	---------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106422	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DSPHL	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2243	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11434			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-PHPH - Dent Med - Physiology & Pharm			

**Short Title:** SCI BASIS FOR CLIN THERPUTCS

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2907308	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Moore,Paul A
--------------------------	------------------------------	-------------------------------	--	--------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 106422	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> DSPHL	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2243	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16450			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-PHPH - Dent Med - Physiology & Pharm			

**Short Title:** SCI BASIS FOR CLIN THERPUTCS

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2907308	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Moore,Paul A
--------------------------	------------------------------	-------------------------------	--	--------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 107355 **Subject Area:** ENDOD **Class Section:** 1030 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2043 **Component:** SEM - Seminar **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11393 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ENDODONTIC SURGERY 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1030 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** SALKX03081 **Room:** 03081 **Room Capacity:** 25 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 107355 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** ENDOD **Component:** SEM - Seminar **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2043 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11392 **Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ENDODONTIC SURGERY 3

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2941426 **Primary Instructor** Ray,Herbert L

**Facility ID:** SALKX03081 **Room:** 03081 **Room Capacity:** 25 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180156 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2131 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15709 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ENDODONTOLOGY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180160 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2280 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15710 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CASE PRESENTATION

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180161 **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** ENDOD **Component:** LEC - Lecture **Academic Progress Units:** 2.00  
**Catalog Nbr:** 2281 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 15711 **Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CASE PRESENTATION

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2941426 **Primary Instructor** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180163 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2282 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15712 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CASE PRESENTATION

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180164 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 1.50 **Maximum Units:** 1.50  
**Catalog Nbr:** 2301 **Component:** LEC - Lecture **Academic Progress Units:** 1.50 **FA Units:** 1.50  
**Class Nbr:** 15713 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** TOPICAL LITERATURE

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180165 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 1.50 **Maximum Units:** 1.50  
**Catalog Nbr:** 2302 **Component:** LEC - Lecture **Academic Progress Units:** 1.50 **FA Units:** 1.50  
**Class Nbr:** 15714 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** TOPICAL LITERATURE

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180166 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2410 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15715 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CURRENT LITERATURE

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180167 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2420 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15716 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CURRENT LITERATURE

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180168 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2430 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15717 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CURRENT LITERATURE

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y  N **ID:** 2941426 **Primary Instructor** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180169 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 2510 **Component:** LEC - Lecture **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 15718 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL TREATMENT

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2941426 **Primary Instructor** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180170 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 2520 **Component:** LEC - Lecture **Academic Progress Units:** 3.00  
**Class Nbr:** 15719 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL TREATMENT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180171 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 2530 **Component:** LEC - Lecture **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 15720 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL TREATMENT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y  N   
**Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180172 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 1.50 **Maximum Units:** 1.50  
**Catalog Nbr:** 2610 **Component:** LEC - Lecture **Academic Progress Units:** 1.50 **FA Units:** 1.50  
**Class Nbr:** 15721 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL CONCEPTS ENDODONTICS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180173 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 1.50 **Maximum Units:** 1.50  
**Catalog Nbr:** 2620 **Component:** LEC - Lecture **Academic Progress Units:** 1.50 **FA Units:** 1.50  
**Class Nbr:** 15722 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL CONCEPTS ENDODONTICS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 178948 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2921 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 15708 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ENDODONTIC SURGERY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y  N   
**Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 180174 **Subject Area:** ENDOD **Class Section:** 1050 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2999 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 15723 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** RESEARCH PROJECT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2941426 **Instructor Role:** Primary Instructor **Instructor Name:** Ray,Herbert L

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 187478 **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** ENDOD **Component:** CLN - Clinical **Academic Progress Units:** 2.00  
**Catalog Nbr:** 5388 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 18660  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL ENDODONTICS 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2902793 **Instructor Role:** Primary Instructor **Instructor Name:** Mandradjieff,Marin

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 186493 **Subject Area:** ENDOD **Class Section:** 1100 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 5448 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 20446 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL ENDODONTICS 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2902793 **Instructor Role:** Primary Instructor **Instructor Name:** Mandradjieff,Marin

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 186454	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ENDOD	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18340			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> RESTD - Restorative Dentistry			

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2941426	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Ray,Herbert L
--------------------------	------------------------------	-------------------------------	--	---------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> 12:00 PM	<b>Mtg End:</b> 12:00 PM	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 109385	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 0.00	<b>Maximum Units:</b> 0.00
<b>Subject Area:</b> FTDN	<b>Component:</b> FTD - Full Time Dissertation	<b>Academic Progress Units:</b> 9.00	<b>FA Units:</b> 9.00
<b>Catalog Nbr:</b> 0000	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18864			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DMED-DEAN - Office of the Dean, Dent Med			

**Short Title:** FULL-TIME DISSERTATION STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> N <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2936617	Primary Instructor	Beniash,Elia

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Print No Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 999
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118021	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ODO	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2013	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11462			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** GRADUATE ORTHODONTIC CLINIC 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118024	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 3.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ODO	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 3.00	<b>FA Units:</b> 3.00
<b>Catalog Nbr:</b> 2016	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11456			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** GRADUATE ORTHODONTIC CLINIC 6

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2906063 **Instructor Role:** Primary Instructor **Instructor Name:** Petrone,Joseph F. A.

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 176927	<b>Class Section:</b> 1070	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2027	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 14442			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** CLINICAL PEDIATRIC ORTHO 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1070	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118034	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ODO	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2033	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11475			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ADVANCED ORTHODONTIC CLINIC 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118034	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ODO	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2033	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11460			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ADVANCED ORTHODONTIC CLINIC 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118038	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 5.00	<b>Maximum Units:</b> 5.00
<b>Subject Area:</b> ODO	<b>Component:</b> PRA - Practicum	<b>Academic Progress Units:</b> 5.00	<b>FA Units:</b> 5.00
<b>Catalog Nbr:</b> 2051	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11443			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ORTHODONTIC LAB TECHNIQUES 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2953571	Primary Instructor	Burnheimer,John M

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118042	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2060	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11442			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ORTHODONTICS SEMINAR 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118045	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2063	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11453			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ORTHODONTICS SEMINAR 4

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118048	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2066	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11458			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ORTHODONTICS SEMINAR 7

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118051	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2069	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11447			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** ORTHODONTICS SEMINAR 10

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118053	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2072	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11451			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** DENTOFACIAL PROGRAM 2

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b>	<b>Instructor Role:</b>	<b>Instructor Name:</b>
		2915979	Primary Instructor	Costello, Bernard James
		2906063	Primary Instructor	Petrone, Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118056	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2075	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11455			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** DENTOFACIAL PROGRAM 5

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b>	<b>Instructor Role:</b>	<b>Instructor Name:</b>
		2915979	Primary Instructor	Costello,Bernard James
		2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118059	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2078	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11461			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** DENTOFACIAL PROGRAM 8

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b>		
	2915979	Primary Instructor	Costello,Bernard James
	2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118063	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2083	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11454			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** SCIENTIFIC ORTHODONTIC LIT 3

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118066	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2086	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11459			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** SCIENTIFIC ORTHODONTIC LIT 6

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118069	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2089	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20348			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** SCIENTIFIC ORTHODONTIC LIT 9

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118073	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2093	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11463			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** GROWTH AND DEVELOPMENT 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118079	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2131	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11476			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118079	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2131	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20421			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118080	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2132	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11477			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 2

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118080	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2132	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20422			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118081	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2133	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11457			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2906063 **Instructor Role:** Primary Instructor **Instructor Name:** Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
--------------------------------	--------------------	--------------------------	--	--------------------------------------	----------------------------------	-----------------------------	----------------------------

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
---	---	--	--------------------------------

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118081	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2133	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20423			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118082	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2134	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11478			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 4

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118082	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2134	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20424			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 4

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118083	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2135	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11479			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 5

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118083	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2135	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20420			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 5

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906063	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Petrone,Joseph F. A.
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118084	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2136	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11446			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHO RESEARCH 6

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad LG/SU3 Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172480	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2150	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11488			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** CONTEMPORARY ORTHODONTICS 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2953571	Primary Instructor	Burnheimer,John M

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118088	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2173	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11452			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** EVIDENCE BASED CARE 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2906063	Primary Instructor	Petrone,Joseph F. A.

<b>Facility ID:</b> SALKX02173	<b>Room:</b> 02173	<b>Room Capacity:</b> 25	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 175136	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2400	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18204			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** AMER BOARD ORTHO PREP CRSE 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> ST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 8/8/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2953274	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Buzzatto,John Francis
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 8/8/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 175137	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2410	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20349			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** AMER BOARD ORTHO PREP CRSE 2

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2953274	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Buzzatto,John Francis
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 187498	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2501	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18672			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** EARLY AGE ORTHO TREATMENT 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 2916389 **Instructor Role:** Primary Instructor **Instructor Name:** Doerfler, Richard J

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad Letter Grade  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 187496	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 0.50	<b>Maximum Units:</b> 0.50
<b>Subject Area:</b> ODO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 0.50	<b>FA Units:</b> 0.50
<b>Catalog Nbr:</b> 2502	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20454			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** EARLY AGE ORTHO TREATMENT 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 2916389 **Instructor Role:** Primary Instructor **Instructor Name:** Doerfler, Richard J

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 150013	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ODO	<b>Component:</b> PRA - Practicum	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5275	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11472			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORTHO - Orthodon & Dentfacial Orthoped			

**Short Title:** INTRO TO ORTHODONTICS LAB

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2953571	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Burnheimer,John M
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> SALK00405	<b>Room:</b> 00405	<b>Room Capacity:</b> 40	<b>Mtg Start:</b> 9:00 AM	<b>Mtg End:</b> 11:50 AM	<b>Day:</b> We	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118100 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** OMFP **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2111 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 18546 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** SURGICAL ORAL PATHOLOGY 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 0 **Instructor Role:**  **Instructor Name:** No Instructor Assigned

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118103 **Class Section:** 1105 **Minimum Units:** 0.50 **Maximum Units:** 0.50  
**Subject Area:** OMFP **Component:** SEM - Seminar **Academic Progress Units:** 0.50  
**Catalog Nbr:** 2121 **Class Type:** Enrollment Section **FA Units:** 0.50  
**Class Nbr:** 18547 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** ORAL AND MAXILFACL HISTOPATH 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1105 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 0 **Instructor Role:**  **Instructor Name:** No Instructor Assigned

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118106 **Class Section:** 1110 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** OMFP **Component:** SEM - Seminar **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2131 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 18548 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** OMFP JOURNAL CLUB 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1110 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 0 **No Instructor Assigned**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118109 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** OMFP **Component:** SEM - Seminar **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2141 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 18549 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** TMJ AND ORAL PAIN 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 0 **Instructor Role:**  **Instructor Name:** No Instructor Assigned

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118112	<b>Class Section:</b> 1105	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> OMFP	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 2151	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18551			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> DIASER - Diagnostic Services			

**Short Title:** OMFP RESEARCH 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1105	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Schedule**  **Instructor ID:** 0 **Instructor Role**  **Instructor Name:** No Instructor Assigned

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b> <input type="text"/>	<b>Mtg End:</b> <input type="text"/>	<b>Day:</b> <input type="text"/>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b> <input type="text"/>	<b>Course Attribute Value:</b> <input type="text"/>	<b>Combined Section Subject:</b> <input type="text"/>	<b>Combined Section Catalog Nbr:</b> <input type="text"/>	<b>Combined Section Class Number:</b> <input type="text"/>	<b>Combined Section Enrollment Capacity:</b> <input type="text"/>
---	---	---	---	--	---

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118114 **Class Section:** 1110 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** OMFP **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2161 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 18550 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** ORAL MEDICINE CLINIC 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1110 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 0 **No Instructor Assigned**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 187334 **Class Section:** 1120 **Minimum Units:** 0.50 **Maximum Units:** 0.50  
**Subject Area:** OMFP **Component:** SEM - Seminar **Academic Progress Units:** 0.50  
**Catalog Nbr:** 2171 **Class Type:** Enrollment Section **FA Units:** 0.50  
**Class Nbr:** 18552 **Course Offering Nbr:** 1  
**Academic Organization:** DIASER - Diagnostic Services

**Short Title:** CLINICOPATH CORRELATIONS 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1120 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 0 **No Instructor Assigned**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 6

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 183211	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2191	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16474			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** PATHOBIOLOGY 1

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM2	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2913462	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sfeir, Charles S
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 6/15/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17077			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<b>Instructor ID:</b> 2936617	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Beniash,Elia
<input type="checkbox"/> Y/N			

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1025	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17078			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1025	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2929499	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Almarza,Alejandro Jose
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 182880 **Subject Area:** ORBIOL **Class Section:** 1030 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 3505 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 17079 **Class Type:** Enrollment Section **Units:** 1.00 **1.00**  
**Course Offering Nbr:** 1  
**Academic Organization:** MICRO-BIO - Dent Med - Microbiol/Biochem

**Short Title:** DIRECTED RESEARCH

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/11/2020 **End Date:** 6/20/2020 **Associated Class:** 1030 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2908914 **Primary Instructor** Marazita, Mary Louise

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/11/2020 **End Date:** 6/20/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1040	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17725			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1040	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2950008	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Szabo Rogers, Heather Lynn
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17726			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<b>Instructor ID:</b> 2930587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vieira,Alexandre Rezende
<input type="checkbox"/> Y/N			

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1060	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17727			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1060	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2913462	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sfeir, Charles S
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1065	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18593			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/11/2020 **End Date:** 6/20/2020 **Associated Class:** 1065 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 2905190 **Instructor Role:** Primary Instructor **Instructor Name:** Weinberg,Seth M

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/11/2020 **End Date:** 6/20/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 182880 **Subject Area:** ORBIOL **Class Section:** 1075 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 3505 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 18845 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** MICRO-BIO - Dent Med - Microbiol/Biochem

**Short Title:** DIRECTED RESEARCH

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/11/2020 **End Date:** 6/20/2020 **Associated Class:** 1075 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2959413 **Primary Instructor** Napierala,Dobrawa

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/11/2020 **End Date:** 6/20/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1080	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18846			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1080	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N **ID:** 2963803 **Primary Instructor** Intini, Giuseppe

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 182880	<b>Class Section:</b> 1414	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3505	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 19716			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1414	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 3511587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Syed-Picard,Fatima Naz
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 182880 **Subject Area:** ORBIOL **Class Section:** 1415 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 3505 **Component:** DIR - Directed Studies **Academic Progress Units:** 1.00 **FA Units:**  
**Class Nbr:** 19717 **Class Type:** Enrollment Section **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** MICRO-BIO - Dent Med - Microbiol/Biochem

**Short Title:** DIRECTED RESEARCH

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1415 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2942095 **Primary Instructor** **Taboas, Juan M**

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 5

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17737			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N	<b>ID:</b> 2936617	Primary Instructor	Beniash,Elia

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1015	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17738			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1015	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N	<b>ID:</b> 2929499	Primary Instructor	Almarza,Alejandro Jose

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1025	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17740			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1025	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N	<b>ID:</b> 2908914	Primary Instructor	Marazita, Mary Louise

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17741			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N	<b>ID:</b> 2905190	Primary Instructor	Weinberg,Seth M

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1035	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17742			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1035	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2950008	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Szabo Rogers, Heather Lynn
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1040	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17743			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1040	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2913462	Primary Instructor	Sfeir, Charles S

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1045	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17744			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1045	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2930587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vieira,Alexandre Rezende
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 185486	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 9.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> THE - Thesis Research	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 3511	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17745			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** THESIS RESEARCH

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> 6W1	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<b>Instructor ID:</b> 2942095	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Taboas, Juan M
<input type="checkbox"/> Y/N			

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/11/2020	<b>End Date:</b> 6/20/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Department Consent Required	<b>Grading Basis:</b> Grad SN Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 184272	<b>Class Section:</b> 1500	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 3512	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16962			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** CRANIOFACIAL GENETICS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** 6W1 **Start Date:** 5/11/2020 **End Date:** 6/20/2020 **Associated Class:** 1500 **Location:** PGH

**Schedule Print:** Y  Y/N  **Instructor ID:** 0 **Instructor Role:** Primary Instructor **Instructor Name:** No Instructor Assigned  
2930587 Vieira,Alexandre Rezende

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
SALK00355	00355	171	3:00 PM	4:50 PM	Tu	5/11/2020	6/20/2020
SALK00371	00371	40	10:00 AM	11:50 AM	Th	5/11/2020	6/20/2020

**Consent:** No Special Consent Required   
**Grading Basis:** Grad Letter Grade   
**Instructor Edit:** No Enrollment Choice   
**Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic:** PeopleSoft - Scheduled (PS)

**Start Date:**  **Reserve Capacity Requirement:**  **Cap Enrl:**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 190031	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5176	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20067			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** IMMUNOLOGY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> GDT	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2940276	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Jayaraman,Thottala
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 80
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 189683	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5800	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20389			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 3511587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Syed-Picard,Fatima Naz
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 189683	<b>Class Section:</b> 1105	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5800	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20390			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1105	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2930587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vieira,Alexandre Rezende
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 174361	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> DIR - Directed Studies	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5877	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20444			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DIRECTED STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905190	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Weinberg,Seth M
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 184968	<b>Class Section:</b> 1200	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> PRA - Practicum	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5878	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17671			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** FACULTY POSTNS DENTAL SCHOOLS

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1200	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 2930587	Primary Instructor	Vieira,Alexandre Rezende

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1020	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11482			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1020	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2942095	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Taboas, Juan M
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALK00630	<b>Room:</b> 00630	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1030	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11487			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1030	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2905190	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Weinberg,Seth M
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> SALK00630	<b>Room:</b> 00630	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1040	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 16162			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1040	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2936843	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Ouyang,Hongjiao
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> Instructor Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1050	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17333			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1050	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2930694	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Govil,Manika
--------------------------	------------------------------	-------------------------------	--	--------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1060	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 17767			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1060	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2930587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vieira,Alexandre Rezende
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1065	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18208			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1065	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2929499	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Almarza,Alejandro Jose
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1070	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18209			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1070	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2936617	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Beniash,Elia
--------------------------	------------------------------	-------------------------------	--	--------------------------------------

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 172495 **Subject Area:** ORBIOL **Class Section:** 1075 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 18210 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** MICRO-BIO - Dent Med - Microbiol/Biochem

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1075 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2908914 **Instructor Role:** Primary Instructor **Instructor Name:** Marazita, Mary Louise

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1085	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18211			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1085	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2913462	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sfeir, Charles S
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1090	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18212			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1090	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2950008	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Szabo Rogers, Heather Lynn
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1095	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18301			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1095	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2945535	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Verdelis,Konstantinos
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 19699			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule</b>	<b>Instructor</b>	<b>Instructor Role</b>	<b>Instructor Name:</b>
<b>Print:</b> Y <input type="checkbox"/> Y/N <input type="checkbox"/>	<b>ID:</b> 3511587	Primary Instructor	Syed-Picard,Fatima Naz

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 172495	<b>Class Section:</b> 1110	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5900	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 19830			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** INDEPENDENT STUDY

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1110	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2959413	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Napierala,Dobrawa
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
-------------------	-------------------------------------	-----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 190953	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 3.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORBIOL	<b>Component:</b> IND - Independent Study	<b>Academic Progress Units:</b> 3.00	<b>FA Units:</b> 3.00
<b>Catalog Nbr:</b> 5999	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 20486			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> MICRO-BIO - Dent Med - Microbiol/Biochem			

**Short Title:** DEAN'S SUMMER RESEARCH PROGRAM

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2930587	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Vieira,Alexandre Rezende
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118195	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 1.00	<b>Maximum Units:</b> 1.00
<b>Subject Area:</b> ORSUR	<b>Component:</b> LEC - Lecture	<b>Academic Progress Units:</b> 1.00	<b>FA Units:</b> 1.00
<b>Catalog Nbr:</b> 5282	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11402			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORSUR - Oral and Maxillofacial Surgery			

**Short Title:** ORAL SURGERY 2

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906401	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sosovicka,Mark F
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALK00458	<b>Room:</b> 00458	<b>Room Capacity:</b> 120	<b>Mtg Start:</b> 8:00 AM	<b>Mtg End:</b> 8:50 AM	<b>Day:</b> We	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 187479	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> ORSUR	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 5388	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 18659			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORSUR - Oral and Maxillofacial Surgery			

**Short Title:** CLINICAL ORAL SURGERY 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2906401	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Sosovicka,Mark F
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> SALKTBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> ABCF	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118216	<b>Class Section:</b> 1010	<b>Minimum Units:</b> 3.00	<b>Maximum Units:</b> 3.00
<b>Subject Area:</b> ORSUR	<b>Component:</b> CLN - Clinical	<b>Academic Progress Units:</b> 3.00	<b>FA Units:</b> 3.00
<b>Catalog Nbr:</b> 5971	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11467			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> ORSUR - Oral and Maxillofacial Surgery			

**Short Title:** HOSPITAL EXTERNSHIP

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

<b>Session:</b> DST	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020	<b>Associated Class:</b> 1010	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 2921196	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Chung, William Lee
--------------------------	------------------------------	-------------------------------	--	--

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 7/25/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad HSU Basis	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 20
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118782 **Subject Area:** PEDENT **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2010 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11416 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT CLINIC 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903626 **Instructor Role:** Primary Instructor **Instructor Name:** Studen,Deborah A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118785 **Subject Area:** PEDENT **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2040 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11419 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT CLINIC 4

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903626 **Instructor Role:** Primary Instructor **Instructor Name:** Studen,Deborah A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118788 **Subject Area:** PEDENT **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2070 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11433 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT CLINIC 7

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 1345057 **Instructor Role:** Primary Instructor **Instructor Name:** Nave,Andrea Lynne Zanardelli

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 5

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118792 **Subject Area:** PEDENT **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2110 **Component:** SEM - Seminar **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11418 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT SEM 1

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903626 **Instructor Role:** Primary Instructor **Instructor Name:** Studen,Deborah A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118795 **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PEDENT **Component:** SEM - Seminar **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2140 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11422 **Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT SEM 4

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903626 **Instructor Role:** Primary Instructor **Instructor Name:** Studen,Deborah A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118798 **Subject Area:** PEDENT **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 2170 **Component:** SEM - Seminar **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11432 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** GRAD PEDIATRIC DENT SEM 7

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903626 **Instructor Role:** Primary Instructor **Instructor Name:** Studen,Deborah A

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** Class Instructor Table Edit **Enrollment Capacity:** 5

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118800 **Subject Area:** PEDENT **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 2230 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11417 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** SPECIAL WORK

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2904456 **Primary Instructor** **Ranalli,Dennis N**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118821 **Subject Area:** PEDENT **Class Section:** 1050 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11489 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PEDENT - Pediatric Dentistry

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  Y  N   
**Instructor ID:** 2930588 **Instructor Role:** Primary Instructor **Instructor Name:** Vieira,Adriana Modesto

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118906 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2110 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11431 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIO SPECIALTY CLINIC 7

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 1369275 **Instructor Role:** Primary Instructor **Instructor Name:** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 22

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118910 **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** LEC - Lecture **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2114 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11444 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** MINERALIZED TISSUE BIOLOGY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2936617 **Primary Instructor** Beniash,Elia

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad LG/SU3 Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118913 **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2120 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11430 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIO SPECIALTY CLINIC 8

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 22

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118928 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2160 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11429 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIO SPECIALTY CLINIC 11

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 25

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

<b>Course ID:</b> 118932	<b>Class Section:</b> 1100	<b>Minimum Units:</b> 2.00	<b>Maximum Units:</b> 2.00
<b>Subject Area:</b> PERIO	<b>Component:</b> SEM - Seminar	<b>Academic Progress Units:</b> 2.00	<b>FA Units:</b> 2.00
<b>Catalog Nbr:</b> 2182	<b>Class Type:</b> Enrollment Section		
<b>Class Nbr:</b> 11428			
<b>Course Offering Nbr:</b> 1			
<b>Academic Organization:</b> PERIO - Periodontics			

**Short Title:** PERIO LITERATURE REVIEW 9

<b>Free Format Topic: (30 Characters)</b>	<b>Fee Type:</b>	<b>Fee Amount:</b>
<input type="text"/>		

<b>Session:</b> DM1	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020	<b>Associated Class:</b> 1100	<b>Location:</b> PGH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Schedule Print:</b> Y	<input type="checkbox"/> Y/N	<b>Instructor ID:</b> 1369275	<b>Instructor Role:</b> Primary Instructor	<b>Instructor Name:</b> Williams,Kelly Bolden
--------------------------	------------------------------	-------------------------------	--	---

<b>Facility ID:</b> TBATBA	<b>Room:</b> TBA	<b>Room Capacity:</b> 0	<b>Mtg Start:</b>	<b>Mtg End:</b>	<b>Day:</b>	<b>Start Date:</b> 5/4/2020	<b>End Date:</b> 6/13/2020
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Consent:</b> No Special Consent Required	<b>Grading Basis:</b> Grad Letter Grade	<b>Instructor Edit:</b> No Enrollment Choice	<b>Enrollment Capacity:</b> 22
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Course Attribute:</b>	<b>Course Attribute Value:</b>	<b>Combined Section Subject:</b>	<b>Combined Section Catalog Nbr:</b>	<b>Combined Section Class Number:</b>	<b>Combined Section Enrollment Capacity:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

<b>Start Date</b>	<b>Reserve Capacity Requirement</b>	<b>Cap Enrl</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118935 **Subject Area:** PERIO **Class Section:** 1200 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2190 **Component:** LEC - Lecture **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 11404 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** ADVANCED PERIODONTAL CONCEPTS

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 1369275 **Instructor Role:** Primary Instructor **Instructor Name:** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 22

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118936 **Class Section:** 1200 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 3.00  
**Catalog Nbr:** 2199 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 11403 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** INTRO TO PERIO SPECIALTY CLINC

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad LG/SU3 Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 8

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118939 **Class Section:** 1100 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** PERIO **Component:** SEM - Seminar **Academic Progress Units:** 2.00  
**Catalog Nbr:** 2211 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 11424 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIODONTAL LIT REVIEW 3

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 22

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118944 **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2219 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11426 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIO SPECIALTY CLINIC 12

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y/N  **ID:** 2902979 **Primary Instructor** **Famili,Pouran**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 25

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118956 **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2249 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11425 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIODONTICS SPECIALTY CLINC 4

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad LG/SU3 Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 25

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118962 **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2280 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11407 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** SPECIAL WORK

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2902979 **Primary Instructor** **Famili,Pouran**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118964 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 2289 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 11423 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIODONTICS SPECIALTY CLINC 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 1369275 **Instructor Role:** Primary Instructor **Instructor Name:** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad LG/SU3 Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 25

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118976 **Class Section:** 1100 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** PERIO **Component:** SEM - Seminar **Academic Progress Units:** 2.00  
**Catalog Nbr:** 2321 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 11427 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIO LITERATURE REVIEW 6

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 22

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 191355 **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PERIO **Component:** PRA - Practicum **Academic Progress Units:** 1.00  
**Catalog Nbr:** 5143 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 20768 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** PERIODONTOLOGY 1 LAB

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 0 **No Instructor Assigned**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 118995 **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 2.00  
**Catalog Nbr:** 5379 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 11466 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** CLINICAL PERIODONTICS 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2909179 **Primary Instructor** Seyedain,S. Ali

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 95

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 119004 **Subject Area:** PERIO **Class Section:** 1050 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11490 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2902979 **Primary Instructor** Famili,Pouran

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 12

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 119004 **Subject Area:** PERIO **Class Section:** 1070 **Minimum Units:** 1.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5900 **Component:** IND - Independent Study **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 18400 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** INDEPENDENT STUDY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1070 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 1369275 **Primary Instructor** Williams,Kelly Bolden

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** Department Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 10

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 119005 **Class Section:** 1010 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** PERIO **Component:** CLN - Clinical **Academic Progress Units:** 3.00  
**Catalog Nbr:** 5910 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 20683 **Course Offering Nbr:** 1  
**Academic Organization:** PERIO - Periodontics

**Short Title:** ADVANCED PERIODONTICS

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 0 **No Instructor Assigned**

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** We **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 13

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120280 **Subject Area:** PROSTH **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2090 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 20412 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** ADVANCED PROSTHODONTICS 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2938165 **Instructor Role:** Primary Instructor **Instructor Name:** Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120280 **Subject Area:** PROSTH **Class Section:** 1020 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2090 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 20682 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** ADVANCED PROSTHODONTICS 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1020 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 0 **Instructor Role:**  **Instructor Name:** No Instructor Assigned

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 190000 **Subject Area:** PROSTH **Class Section:** 1000 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Catalog Nbr:** 2102 **Component:** CLN - Clinical **Academic Progress Units:** 2.00 **FA Units:** 2.00  
**Class Nbr:** 20096 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** ADVANCED PROSTHODONTICS 6

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** ST **Start Date:** 5/4/2020 **End Date:** 8/8/2020 **Associated Class:** 1000 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 2938165 **Instructor Role:** Primary Instructor **Instructor Name:** Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 8/8/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 35

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120300 **Subject Area:** PROSTH **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 2210 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11390 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** SPECIAL PROSTHODONTICS CLINIC

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule Print:** Y  **Y/N**  **Instructor ID:** 2938165 **Instructor Role:** Primary Instructor **Instructor Name:** Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 15

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120300 **Subject Area:** PROSTH **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 2210 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11391 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** SPECIAL PROSTHODONTICS CLINIC

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 2938165 **Instructor Role:** Primary Instructor **Instructor Name:** Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 15

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120300 **Subject Area:** PROSTH **Class Section:** 1200 **Minimum Units:** 1.00 **Maximum Units:** 9.00  
**Catalog Nbr:** 2210 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11420 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** SPECIAL PROSTHODONTICS CLINIC

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM2 **Start Date:** 6/15/2020 **End Date:** 7/25/2020 **Associated Class:** 1200 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2938165 **Instructor Role:** Primary Instructor **Instructor Name:** Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 6/15/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad Letter Grade **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 174274 **Class Section:** 1040 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** PROSTH **Component:** LEC - Lecture **Academic Progress Units:** 3.00  
**Catalog Nbr:** 5171 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 11486 **Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** PRINCIPLES DENTAL OCCLUSION

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1040 **Location:** PGH

Schedule	Instructor	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N <input type="checkbox"/>	ID:		
	3823434	Primary Instructor	Azarbal,Atousa
	3823434	Primary Instructor	Azarbal,Atousa
	3823434	Primary Instructor	Azarbal,Atousa

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
TBATBA	TBA	0	10:00 AM	11:50 AM	Mo	5/4/2020	7/25/2020
TBATBA	TBA	0	1:00 PM	4:50 PM	Mo	5/4/2020	7/25/2020
TBATBA	TBA	0	1:00 PM	4:50 PM	Th	5/4/2020	7/25/2020

**Consent:** Department Consent Required   
**Grading Basis:** ABCF   
**Instructor Edit:** No Enrollment Choice   
**Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 185353 **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** PROSTH **Component:** LEC - Lecture **Academic Progress Units:** 1.00  
**Catalog Nbr:** 5271 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 17672 **Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** DIGITAL DENTISTRY 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y  N   
**Instructor ID:** 2919656 Primary Instructor Charneco, Antonio R  
2938165 Secondary Instructor Kunkel, Thomas Craig

**Facility ID:** SALK00402 **Room:** 00402 **Room Capacity:** 126 **Mtg Start:** 8:00 AM **Mtg End:** 8:50 AM **Day:** Tu **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic:** PeopleSoft - Scheduled (PS)

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120347 **Subject Area:** PROSTH **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5273 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11439 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** FIXED PARTIAL DENTURES 3

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903752 **Instructor Role:** Primary Instructor **Instructor Name:** Young, William H

**Facility ID:** SALK00402 **Room:** 00402 **Room Capacity:** 126 **Mtg Start:** 9:00 AM **Mtg End:** 9:50 AM **Day:** Tu **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic:** PeopleSoft - Scheduled (PS)

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120349 **Subject Area:** PROSTH **Class Section:** 1100 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Catalog Nbr:** 5276 **Component:** PRA - Practicum **Academic Progress Units:** 3.00 **FA Units:** 3.00  
**Class Nbr:** 11440 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** FIXED PARTIAL DENTURES 3 LAB

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

Schedule	Instructor ID:	Instructor Role	Instructor Name:
Print: Y <input type="checkbox"/> Y/N <input type="checkbox"/>	2919640	Secondary Instructor	Dobos,Michael A
	2935687	Secondary Instructor	Gaffney,Paul Cotter
	2907034	Secondary Instructor	Korbich,Matthew
	2904759	Secondary Instructor	Mccarthy,Edward W
	2906591	Secondary Instructor	Pipko,Donald J
	2903752	Primary Instructor	Young,William H
	2903752	Primary Instructor	Young,William H

Facility ID:	Room:	Room Capacity:	Mtg Start:	Mtg End:	Day:	Start Date:	End Date:
SALK00405	00405	40	10:00 AM	11:50 AM	Th	5/4/2020	6/13/2020
SALK00405	00405	40	1:00 PM	4:50 PM	Th	5/4/2020	6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120350 **Subject Area:** PROSTH **Class Section:** 1100 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5282 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11437 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** COMPLETE DENTURES 2

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2903752 **Instructor Role:** Primary Instructor **Instructor Name:** Young, William H

**Facility ID:** SALK00402 **Room:** 00402 **Room Capacity:** 126 **Mtg Start:** 10:00 AM **Mtg End:** 10:50 AM **Day:** Tu **Start Date:** 5/4/2020 **End Date:** 6/13/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic:** PeopleSoft - Scheduled (PS)

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 176908 **Class Section:** 1050 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** PROSTH **Component:** CLN - Clinical **Academic Progress Units:** 3.00  
**Catalog Nbr:** 5373 **Class Type:** Enrollment Section **FA Units:** 3.00  
**Class Nbr:** 14439 **Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** SIMULATED PATIENT TREATMENT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1050 **Location:** PGH

**Schedule Print:** Y  **Instructor ID:** 2906665 **Instructor Role:** Primary Instructor **Instructor Name:** Ference,John Jude  
  Y/N

**Facility ID:** SALK00405 **Room:** 00405 **Room Capacity:** 40 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required  **Grading Basis:** Grad HSU Basis  **Instructor Edit:** No Enrollment Choice  **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 190032 **Class Section:** 1100 **Minimum Units:** 3.00 **Maximum Units:** 3.00  
**Subject Area:** PROSTH **Component:** CLN - Clinical **Academic Progress:** **FA Units:** 3.00  
**Catalog Nbr:** 5375 **Class Type:** Enrollment Section  
**Class Nbr:** 20016 **Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** CLINICAL PROSTHODONTICS 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1100 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:**  
2906665 Primary Instructor Ference,John Jude  
2938165 Primary Instructor Kunkel,Thomas Craig

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 85

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 120391 **Subject Area:** PROSTH **Class Section:** 1700 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5915 **Component:** CLN - Clinical **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 18339 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** PROSTH - Prosthodontics

**Short Title:** DENTAL IMPLANT SELECTIVE

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** GDT **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1700 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2901775 **Instructor Role:** Primary Instructor **Instructor Name:** Kukunas, Steve J

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:**  **Mtg End:**  **Day:**  **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required   
**Grading Basis:** Grad HSU Basis   
**Instructor Edit:** No Enrollment Choice   
**Enrollment Capacity:** 7

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

**Start Date**  **Reserve Capacity Requirement**  **Cap Enrl**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 190033 **Subject Area:** RESTD **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5282 **Component:** PRA - Practicum **Academic Progress**  
**Class Nbr:** 20064 **Class Type:** Enrollment Section **Units:** 1.00 **FA Units:** 1.00  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** OPERATIVE TECHNIQUES REVIEW

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DM1 **Start Date:** 5/4/2020 **End Date:** 6/13/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N  N  
ID:  
2919640 Primary Instructor Dobos,Michael A  
1370363 Special Reyes,Melanie M  
2919640 Primary Instructor Dobos,Michael A

**Facility ID:** **Room:** **Room Capacity:** **Mtg Start:** **Mtg End:** **Day:** **Start Date:** **End Date:**  
SALK00405 00405 40 1:00 PM 4:00 PM Tu 5/4/2020 6/13/2020  
NEEDSAROOM 1:00 PM 4:00 PM Fr 5/4/2020 6/13/2020

**Consent:** **Grading Basis:** **Instructor Edit:** **Enrollment Capacity:** 80  
No Special Consent Required Grad HSU Basis No Enrollment Choice

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**



# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 174079 **Subject Area:** RESTD **Class Section:** 1040 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Catalog Nbr:** 5371 **Component:** LEC - Lecture **Academic Progress Units:** 1.00 **FA Units:** 1.00  
**Class Nbr:** 11485 **Class Type:** Enrollment Section  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** PRACTICE MANAGEMENT

**Free Format Topic: (30 Characters)**  **Fee Type:**  **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1040 **Location:** PGH

**Schedule Print:** Y  Y/N **Instructor ID:** 2904796 **Instructor Role:** Primary Instructor **Instructor Name:** Jockers,Jeffrey Robert  
2943102 **Instructor Role:** Secondary Instructor **Instructor Name:** Wrigley,Mark J

**Facility ID:** SALK00402 **Room:** 00402 **Room Capacity:** 126 **Mtg Start:** 8:00 AM **Mtg End:** 8:50 AM **Day:** Mo **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

**Course Attribute:**  **Course Attribute Value:**  **Combined Section Subject:**  **Combined Section Catalog Nbr:**  **Combined Section Class Number:**  **Combined Section Enrollment Capacity:**

**Room Characteristic:** PeopleSoft - Scheduled (PS)

**Start Date:**  **Reserve Capacity Requirement:**  **Cap Enrl:**

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 179718 **Class Section:** 1030 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** RESTD **Component:** LEC - Lecture **Academic Progress Units:** 1.00  
**Catalog Nbr:** 5375 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 15688 **Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ESTHETIC RESTORATIVE DENTISTRY

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1030 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2937984 **Primary Instructor** Narcisi,Edward Matthew

**Facility ID:** SALK00402 **Room:** 00402 **Room Capacity:** 126 **Mtg Start:** 8:00 AM **Mtg End:** 8:50 AM **Day:** Th **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**  
PeopleSoft - Scheduled (PS)

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 122242 **Class Section:** 1010 **Minimum Units:** 2.00 **Maximum Units:** 2.00  
**Subject Area:** RESTD **Component:** CLN - Clinical **Academic Progress Units:** 2.00  
**Catalog Nbr:** 5379 **Class Type:** Enrollment Section **FA Units:** 2.00  
**Class Nbr:** 11471 **Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** CLINICAL RESTORATIVE DENTSTRY 1

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**  
**Print:** Y  Y/N **ID:** 2942077 **Primary Instructor** Noonan,Sean E

**Facility ID:** SALKTBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** ABCF **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 90

Course Attribute:	Course Attribute Value:	Combined Section Subject:	Combined Section Catalog Nbr:	Combined Section Class Number:	Combined Section Enrollment Capacity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Room Characteristic**

Start Date	Reserve Capacity Requirement	Cap Enrl
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Class Section Update Report

University of Pittsburgh

<input type="checkbox"/> Cancel	<input type="checkbox"/> Change
---------------------------------	---------------------------------

**Term:** 2207 **Campus:** PIT - Pittsburgh Campus **Academic Group:** DEMED - School of Dental Medicine

**Course ID:** 185641 **Class Section:** 1010 **Minimum Units:** 1.00 **Maximum Units:** 1.00  
**Subject Area:** RESTD **Component:** CLN - Clinical **Academic Progress Units:** 1.00  
**Catalog Nbr:** 5924 **Class Type:** Enrollment Section **FA Units:** 1.00  
**Class Nbr:** 18390  
**Course Offering Nbr:** 1  
**Academic Organization:** RESTD - Restorative Dentistry

**Short Title:** ADVANCED COMPOSITE TECHNIQUES

**Free Format Topic: (30 Characters)** **Fee Type:** **Fee Amount:**

**Session:** DST **Start Date:** 5/4/2020 **End Date:** 7/25/2020 **Associated Class:** 1010 **Location:** PGH

**Schedule** **Instructor** **Instructor Role** **Instructor Name:**

**Print:** Y  Y  N **ID:** 2939099 **Primary Instructor** **Dietz,Craig E**

**Facility ID:** TBATBA **Room:** TBA **Room Capacity:** 0 **Mtg Start:** **Mtg End:** **Day:** **Start Date:** 5/4/2020 **End Date:** 7/25/2020

**Consent:** No Special Consent Required **Grading Basis:** Grad HSU Basis **Instructor Edit:** No Enrollment Choice **Enrollment Capacity:** 20

**Course Attribute:** **Course Attribute Value:** **Combined Section Subject:** **Combined Section Catalog Nbr:** **Combined Section Class Number:** **Combined Section Enrollment Capacity:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Room Characteristic**

**Start Date** **Reserve Capacity Requirement** **Cap Enrl**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------