PERSON

Nnumber Ssn Phone F name M init L name Add	Address
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STUDENT

		Nnumber	Birthdate	Sex	Perm phone	Perm state	Perm city	Perm zip	Class level	Degree program
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INSTRUCTOR

N number	Department	Age	Office#

DEPARTMENT

Dept_code	Dent name	Office phone	Office num	College
DCDC COGC	Dept_name	OTTICE_PITOTIC	O I II CC_II GIII	Conce

COURSE

Course#	Course Na	ame	Level	Descri	otion	Sem	hours	Dei	partment
COGISCII	COULTE	41110		D C 5 C 1 1	3 61 0 1 1		110 413		oai ciiiciic

SECTION (weak)

Section#	Semester	Year	Course#	Instructor

ASSIGNED_TO

	<u>Nnumber</u>	Course#	Section#	Semester	Year	Grade
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MAJORS_IN

Nnumber Dept code

MINORS_IN

Nnumber Dept code