



## College of Arts and Sciences: Request for a Course Change

### SIGNATURES:

**IF DISAPPROVED OR APPROVED WITH RESERVATIONS, ATTACH RATIONALE FOR SUCH ACTION.**

DEPARTMENT CHAIR	DATE	APPROVE	DISAPPROVE
COLLEGE CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
COLLEGE DEAN(S)	DATE	APPROVE	DISAPPROVE
GRADUATE DEAN (GRADUATE COURSES ONLY)	DATE	APPROVE	DISAPPROVE
UNIVERSITY CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
UNIVERSITY SENATE	DATE	APPROVE	DISAPPROVE
VICE PRESIDENT FOR ACADEMIC AFFAIRS (IF NEEDED)	DATE	APPROVE	DISAPPROVE

PLEASE COMPLETE AS INDICATED

COURSE PREFIX, NUMBER AND TITLE			
TERM AND YEAR OF IMPLEMENTATION			
COLLEGE:		DEPARTMENT:	
CONTACT PERSON:		PHONE:	
E-MAIL:			

I. IS THIS A SUBSTANTIAL CHANGE OR SUBSTANTIAL ADDITION OF COURSE CONTENT?  
(NOTE: SUBSTANTIAL CHANGES MAY REQUIRE NEW COURSE NUMBERS. IF NEEDED,  
CONTACT COLLEGE OFFICE OR REGISTRAR FOR CLARIFICATION.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

II. COURSE INFORMATION (UNDERLINE INFORMATION TO BE ADDED TO THE CURRENT  
CATALOG AND STRIKE OUT INFORMATION TO BE DELETED)

PREFIX	NUMBER	CATALOG TITLE	TRANSCRIPT TITLE (NEEDED IF CATALOG TITLE IS MORE THAN 30 CHARACTERS. LIMIT TO 30 CHARACTERS INCLUDING SPACES)

CREDITS	PREREQUISITES	COREQUISITE

COURSE DESCRIPTION

GRADING (REGULAR OR SU)	TERMS OFFERED (F,S,SS, ON DEMAND)

III. PROVIDE A RATIONALE FOR THE COURSE CHANGE.

IV. DOES THIS COURSE FULFILL ANY REQUIREMENTS IN ANY PROPOSED OR EXISTING  
MAJOR, MINOR, CERTIFICATE OR OTHER PROGRAM?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

IF YES, PROVIDE:

- (1) THE APPROPRIATE PROGRAM CHANGE OR NEW PROGRAM REQUESTS, AND
- (2) LETTERS OF AGREEMENT FROM DEPARTMENT CHAIRS OR OTHER  
ADMINISTRATORS RESPONSIBLE FOR THE PROGRAMS AFFECTED BY THIS REQUEST.

V. DOES THIS COURSE FORM A PART OF ANY ARTICULATION AGREEMENT? (IF NEEDED,  
CONTACT COLLEGE OFFICE FOR CLARIFICATION.)

\_\_\_\_\_ Yes    \_\_\_\_\_ No