

Course Change Form

College of Arts and Sciences

Proposer Information

Proposer _____ Email _____
 Department _____ Date _____

Current Course Information

Primary Department _____ Prefix _____ Course Number _____ Credits _____
 Secondary Department _____ Prefix _____ Course Number _____ Credits _____
 Course Title _____

Area(s) being addressed (*please check all that apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> New Course Information | <input type="checkbox"/> Prerequisites/Corequisites | <input type="checkbox"/> Resource Needs |
| <input type="checkbox"/> Catalog Description | <input type="checkbox"/> Enrollment Limits | <input type="checkbox"/> Course Deactivation |
| <input type="checkbox"/> Learning Goals | <input type="checkbox"/> Grading Designation | <input type="checkbox"/> Instructional Method Change |

New Course Information (*complete only changed information*)

Primary Department _____ Prefix _____ Course Number _____ Credits _____
 Crosslisted Department _____ Prefix _____ Course Number _____ Credits _____
 Course Schedule Title (29 characters/space limit; 26 characters/space limit for special topics courses):

Catalog Title (39 characters/space limit):

Catalog Description (*complete only if information has changed*)

Current Catalog Description:

Proposed Catalog Description:

Learning Goals (complete only if information has changed)

Current Learning Goals:

Proposed Learning Goals:

Prerequisites/Corequisites (complete only if information has changed)

Current Prerequisites _____ Current Corequisites _____
New Prerequisites _____ New Corequisites _____

Enrollment Limits (complete only if information has changed)

Current Enrollment Limit _____ Suggested Enrollment Limit _____

Grading Designation (complete only if information has changed)

Current Grading Designation (select one): _____ A-F Graded _____ Pass/No Pass _____ No Grade
Proposed Grading Designation (select one): _____ A-F Graded _____ Pass/No Pass _____ No Grade

Resource Needs (complete only if information has changed)

Current Classroom/Space Needs _____ Proposed Classroom/Space Needs _____
Current Equipment/Supply Needs _____ Proposed Equipment/Supply Needs _____
Current Frequency of Offering _____ Proposed Frequency of Offering _____
Current Staffing Requirements _____ Proposed Staffing Requirements _____

Justification

Please provide justification for all changes below:

Approval

Department Chair _____ Date _____

School Director _____ Date _____

Curriculum Committee Chair _____ Date _____