

Prefix and Number: _____ Initial Term: _____

Select One:

New _____ Delete _____ Course Modification _____

Type of modification:

_____ Title _____ Description _____ Credit hours
_____ Prerequisites _____ Grade Type
_____ Number: Old _____
New _____

Title: _____

College/School: _____ Dept: _____

Abbreviated Title: _____ (30 spaces total)	
CREDIT OFFERED	CONTROLS
Levels: (select all that apply) _____ None (Blank) _____ Undergraduate (U) _____ Graduate (G) _____ Professional (P) Maximum: _____ Minimum: _____ Connector: (select one) _____ Fixed (F) _____ Variable (V) _____ Alternate (A) _____ To be Arranged (T) Maximum Repeat: _____ (Total number of credit hours that may be earned, not total number of times course may be taken)	Grading Rule: _____ Undergraduate (U) _____ Graduate (G) Grading Type: (select one) _____ Normal grading (Blank) _____ Pass/Fail only (SU) _____ Thesis/Dissertation (TD) Term Offered: (select one) _____ Not Specified (Blank) _____ Fall Only (F) _____ Spring Only (S) _____ Summer Only (M) _____ Fall, Spring (FS) _____ Intersession (I) Session Duplicate: yes _____ no _____
Prerequisites (course must be taken prior to this course) _____ _____ _____	
Corequisites (course must be taken the same term of this course) _____ _____ _____	
Prerequisite with concurrency (course may be taken prior to this course or taken during the same term) _____ _____ _____	

Brief Description for *Bulletin* _____

Credit will not be given for both _____ and _____

Activities	Contact Group	Hours Indiv	Credit	Max Enroll
1 st : _____	_____	_____	_____	_____
2 nd : _____	_____	_____	_____	_____
3 rd : _____	_____	_____	_____	_____

Justification (Indicate reason for change) _____

Additional resources or resource shifting required. If none, please explain.

Attach a copy of syllabus to add a new course.

To modify an existing course, attach a copy of the old syllabus and the new syllabus.

To add an honors version of an existing course or to add a distance education version of an existing, attach the existing syllabus and the syllabus for the proposed new course.

No attachment is required to delete course.

Contact Person _____

Email _____ Phone # _____

Approvals

Undergraduate Requests

_____	<u>Head</u>	_____
Department		Date

_____	<u>Chair</u>	_____
College/School Curriculum Committee		Date

_____	<u>Dean</u>	_____
College or School		Date

_____	<u>Chair</u>	_____
University Curriculum Committee		Date

Graduate Requests

_____	<u>Head</u>	_____
Department		Date

_____	<u>Chair</u>	_____
College/School Curriculum Committee		Date

_____	<u>Dean</u>	_____
College or School		Date

_____	<u>Chair</u>	_____
Graduate Council		Date

_____	<u>Chair</u>	_____
University Curriculum Committee		Date