

Request for Change in Course Inventory

1 _____ 2 _____ 3 _____ 4 _____
 Department/Academic program CRS Abbreviation Course number(s) Topic #, if applicable

5 Effective date of change(s) 20____ - 20____ Check one _____
 Academic year Fall Spring Summer

6 Change(s) requested. Always complete items 1-7, 16, 21; also complete the items listed in italics for each change requested.

- _____ **Add** or reinstate a course or topic 8-20 **Change** (for a course or topic)
 _____ **Drop** a course or topic
- _____ Title 7a _____ Subject-matter description 10 _____ Degree plan statement(s) 14
 _____ Same-as statement 8 _____ Contact hours 11, 11a _____ Prerequisite 15
 _____ Restriction(s) 9 _____ Value in semester hours 12,12a _____ Meeting statement 13

7 Title			
7a from			
8 Proposed same-as statement			
9 Proposed restriction(s)			
10 Proposed subject-matter description			
11 Contact hours		12 Value in semester hours	
Lecture	Laboratory	Lecture	Laboratory
11a from		12a from	
13 Proposed meeting statement			
14 Proposed degree plan statement(s)			
15 Proposed prerequisite			
16 Justification			
17 Courses this course will replace	18 Degree(s) Toward which course applies	19 Expected enrollment per semester	20 Average size of similar current courses

Change requested by _____ Approved by Area faculty _____
Yes No

 Signature Date