## **Graduate Course Change/Delete Request Form**

Use for courses "G" and 500-899.

| Department Name:  |       |   |           |   |  |  |  |               |                                    |  |         |         |  |
|---|-------|---|-----------|---|--|--|--|---------------|------------------------------------|--|---------|---------|--|
| Effective Term and Year:  |       |   |           | Action: ☐ Change Course ☐ Delete Course                                       |  |  |  |               |                                    | Will this impact other Departments? ☐ Yes ☐ No If yes, which department? |         |         |  |
| Current Course<br>Information:<br>(Required)  |       |   |           | Credit: Lab: Lecture: S   |  |  |  | chedule Type: |                                    | /  | Grading | Option: |  |
| Change Type: ☐ Prefix ☐ Number ☐ Title ☐ Credit ☐ Description ☐ Pre/Co Reqs ☐ Restrictions ☐ Grading Option ☐ Other |       |   |           |   |  |  |  |               |                                    |  |         |         |  |
| Rationale:  |       |   |           |   |  |  |  |               |                                    |  |         |         |  |
| New Course<br>Information:<br>(Include only info being<br>changed)  | FROM: | Prefix: Number: Credit: Lab: Lecture: Schedule Type: / Course Title: Description: |           |   |  |  |  | Grad          | ling Option:                       |  |         |         |  |
| Prerequisite(s): FROM: TO:  |       |   |           | Co-requisite(s): FROM: TO:  |  |  |  |               | _                                  | Pre/Co-requisi<br>FROM:<br>TO:   |         |         |  |
| Repeatable Credit:  FROM:  Yes TO: Yes  NO NO  If yes, number of times repeatable:                                  |       |   | FROI      | Variable Credit:  FROM: ☐ Yes TO: ☐ Yes ☐ No ☐ No If yes, min and max credits |  |  | Variable Topic:<br>FROM: ☐ Yes TO: ☐<br>☐ No ☐ |               | Pre/Co-Requisite for other Course? |  | □ No    |         |  |
| Restriction(s): FROM: TO:   |       |   |           |   |  |  |  |               |                                    |  |         |         |  |
| ADMIN USE ONLY  |       |   |           | Na  |  |  | Phone Ext/Email                                |               |                                    | Signature  |         | Date    |  |
| АА  |       | Submitted By  |           |   |  |  |  |               |                                    |  |         |         |  |
| REVIEWED  |       | Department Head   |           |   |  |  |  |               |                                    |  |         |         |  |
| PROCESSED   |       | Academic Dean   |           |   |  |  |  |               |                                    |  |         |         |  |
| REGO  |       | Grad Curriculum Committee   |           |   |  |  |  |               |                                    |  |         |         |  |
| PROCESSED   |       | Graduate Dean   |           |   |  |  |  |               |                                    |  |         |         |  |
|   |       | AVP Academi   | c Affairs |   |  |  |  |               |                                    |  |         |         |  |