Course Deletion, Addition, or Change Request Form and Instructions
COURSE DELETION, ADDITION, OR CHANGE REQUEST FORM
I

Front and back only - single sheet
Send 000-499 courses to Undergraduate Curriculum Committee; original and eight copies
Send 4XX(G)-899 to Graduate School; original and six copies.

This request is to:

☐ **ADD NEW COURSE**: Prefix, Number, and Lec/Lab/Credit____ ___ _____ [e.g., AMUS 200, (3,0,3)]
                        Title_____

☐ **DELETE COURSE**: Prefix, Number, and Lec/Lab/Credit_____ _____ _____
                        Title_____

☐ **CHANGE A COURSE**: Prefix, Number, and Lec/Lab/Credit_____ _____ _____

EFFECTIVE DATE: _____ (semester/year) **PERMANENT CHANGE?** Yes_____ No_____

If course is a pre- or co-requisite, for what other course(s):_____

Will this proposal impact other departments? Yes___No___If yes, how?_____

☐ I have searched the Bulletin for this course and discussed the change with departments that require it (for General Education courses, I have consulted the General Education Committee).

II

NEW COURSE:

   In the space provided, enter number, title, credits, exact catalog description/entry. Conform to established guidelines for format (instruction can be found on Faculty Development website). Be as succinct and brief as possible. Be sure to include grading option if different from normal grading option.

Recommended Course Title Abbreviation:
_____
                            (max 30 characters, including spaces)

If new course replaces an existing course, give subject, number, and title of existing course:
_____
____
(Note: The existing course will be deleted from the catalog.)

The new course is for:___an existing program   ___a proposed program not yet approved by
          ___a new program   the Board of Regents

JUSTIFY the addition of the course (purposes and student population served, needs satisfied, etc.):

If 4XX(G) course, explain extra requirements for graduate students:

Comment on present and future availability of faculty, equipment, and (library/other) resources needed for this course:
Do any other departments currently offer courses which may overlap this new course?
_____
If so, does that department agree that there is no significant conflict or overlap in coverage?
_____
Department consulted:_____Person consulted_____

III

COURSE CHANGE (check all that apply):

__ Prefix __ Number __ Title __ Lec/Lab credit __ Description __ Pre/Co Reqs __ Restrictions
__ Grade Options   __ Instruction Type __   Other ___

Explain rationale for change:

New Catalog Entry: In the space provided, enter number, title, credits, exact catalog (a.k.a., the *University Bulletin)* description/entry. Conform to established guidelines for format. <u>Be as succinct and brief as possible</u>. <u>Please highlight changes</u>.

*Current Catalog Entry***:** In the space provided print the course number, title, credits, and description as it appears in the current catalog (*University Bulletin*). (Note: the current course will be deleted from the catalog.)

IV

	Faculty/Dept/College Name	Phone Ext/ email	Signature	Date
Submitted By				
Dept Head				
Academic Dean				
UG Curriculum Committee				
Grad Curriculum Committee				
Graduate Council Chair				
Grad Dean				
Academic VP				

Notes:
_____

Revised September, 2012