PROPOSAL FOR COURSE CHANGE

Course # ___________________
Course Title: ________________________________________________
Credit Hours: ________________
Author(s) of Course Change(s): ________________________________________
Effective: Semester _____________ Year ________________

1. Please identify any changes by underlining new language and striking through language that is being deleted.

Course #: 

Title: 

Credit hours: 

Catalog Course Description: 

Other (attach sheet if necessary):

2. Rationale for the change (attach sheet if necessary):

Department Chair Approval of Course Change Proposal:

Signature of Chair: ___________________________ Date: ____________________________

Committee Action: Approve: _____ Reject: _____ More information requested: 

Date: ____________________________

Dean’s Signature: ___________________________ Date: ____________________________