

CURRICULUM COMMITTEE COURSE CHANGE FORM

DATE:

DEPARTMENT CHAIR:

DEPARTMENT:

DISCIPLINE WHERE COURSE RESIDES:

CHANGE EXISTING COURSE

✓ for Change	EXISTING INFORMATION TO COURSE:	CHANGE TO:
	Course Title:	
	Course Prefix:	
	Course Number:	
	Course Description:	
	Course Prerequisites:	
	Course REM Levels: R ____ E ____ M ____	
	Lecture Hours: Lab Hours: Other Type Hours: Semester Credit Hours: Total Contact Hours:	
	Core/General Education Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	1a. Convert to Core/General Education Course 1b. If converting to Core, please include ADM 131 Core Application 2. Remove Core/General Education Status
Comments (Optional):		
CIP Code Number _____ Lab Fees _____ Insurance _____ Other Fees _____		
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o - #		
@ U choose from: online, or co-op h		
k k U		

Signature Indicates Approval:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Curriculum Committee Approval: Yes No Date: _____

Curriculum Committee Chair: _____ Date: _____

Provost/VP for Academic Affairs: _____ Date: _____

Distribution of Copies by the Office of the Provost/VP: (Original remains in the Office h th

Curriculum Committee Website
Registrar

Division Dean
Department Chair

Financial Aid Director