PRINT CLEAR

ADM 135
Rev 11/2017

CURRICULUM COMMITTEE WECM COURSE CHANGE FORM

DATE: _____ **EFFECTIVE DATE (SEMESTER/YEAR):** _____

DEPARTMENT CHAIR: _____ **DEPARTMENT:** _____

DISCIPLINE WHERE COURSE RESIDES: _____ ☐ **WECM CHANGE TO EXISTING COURSE**

EXISTING COURSE INFORMATION		**PLACE A ✓ CHECK ALL SECTION(S) THAT WILL BE CHANGED**											**ENTER INFORMATION**		
Course Prefix	Course Number	New Course CIP Number	New Course Prefix	New Course Number	New Course Title	New Course Descrip-tion	New Course REM Levels	New Lecture Hours	New Lab Hours	New Other Type Hours	New Semester Credit Hours	New Total Contact Hours	Lab Fees	Insurance and/or Other Fee	Enrollment Capacity

☐ Required attachment with complied revised course information as it would appear in the catalog course descriptions section.

☐ Attachment indicates all applicable instructional methods for each course (i.e. clinical, internet lecture, lab, practicum, online, or co-op) AND any registration restrictions other than prerequisites (i.e. Music Majors only) for each course.

Signature Indicates Notification:

Department Chair: _____ Date: _____ Dean: _____ Date: _____

Curriculum Committee Notification: ☐ Yes ☐ No Curriculum Committee Chair _____ Date: _____

Executive Vice President/CAO: _____ Date: _____

Distribution of Copies by the Office of the Executive Vice President/Chief Academic Officer: (Original remains in the Office of the Executive VP/CAO)

☐ Curriculum Committee Website ☐ Division Dean ☐ Financial Aid Director ☐ Registrar ☐ Department Chair