

## 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	<input type="checkbox"/> Convert to Core/General Education Course <input type="checkbox"/> Remove Core/General Education Status Date approved by Core Curriculum Committee:
Comments (Optional):		
For Registrar's Office Processing: CIP Code Number _____ Lab Fees _____ Insurance _____ Other Fees _____		

**Signature Indicates Approval:**

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Curriculum Committee Approval:**  Yes  No Date: \_\_\_\_\_

Curriculum Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President of Instruction: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution of Copies by the Office of the Vice President of Instruction: (Original remains in the Office of the Vice President of Instruction.)** Curriculum Committee Website  Division Dean  Financial Aid Director Registrar  Department Chair