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CURRICULUM COMMITTEE WECM COURSE CHANGE FORM
2009-2010

DATE: _____

DEPARTMENT CHAIR: _____

DEPARTMENT: _____

DISCIPLINE WHERE COURSE RESIDES: _____

☑ WECM CHANGE TO EXISTING COURSE

(Indicate all applicable changes)

EXISTING COURSE INFORMATION		**PLACE A ✓ CHECK IN SECTION(S) THAT WILL BE CHANGED**										
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

Signature Indicates Approval:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Curriculum Committee Approval: ☐ Yes ☐ No

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