Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College:	Dept/Division:	Current Alpha Designator/Number:	
Contact Person:		Phone:	
CURRENT COURSE DATA:			
Course Title:			
Alpha Designator/Number:			
Title Abbreviation:			

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.

2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head	Date
Registrar	Date
College Curriculum Chair	Date
Graduate Council Chair	Date

	Request for Graduate Course Change - Page 2
Colleg	Department/Division: Alpha Designator/Number:
Provic	e complete information regarding the course change for each topic listed below.
Change	IN CATALOG TITLE: YES NO
From To	(limited to 30 characters and spaces)
lf Yes,	lationale
Change	in COURSE ALPHA DESIGNATOR:
From:	To YES NO
lf Yes,	lationale
Change	in COURSE NUMBER: YES NO
From:	To:
lf Yes,	lationale
Chang	in COURSE GRADING
From	🗌 Grade To 🔲 Credit/No Credit
Ration	le
Change	in CATALOG DESCRIPTION: YES NO IF YES, fill in below:
From	
то [
lf Yes Ration	le

Change in COURSE CREDIT HOURS:	YES	NO NO	If YES, fill in below:
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NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From				
То				
Chang	Change in COURSE CONTENT: YES NO			
From				
То				

Rationale

College:

Department:

Course Number/Title

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE Department: Course Number and Title: Rationale: Course Description (old) Course Description: (new) Catalog Description:

<u>COURSE NUMBER CHANGE</u> <u>Department:</u> <u>Current Course Number/Title:</u> <u>New Course Number:</u> <u>Rationale:</u> <u>Catalog Description:</u> <u>Credit hours:</u> <u>COURSE TITLE CHANGE</u> <u>Department:</u> <u>Current Course Number/Title:</u> <u>New Course Title:</u> <u>Rationale:</u> <u>Catalog Description:</u>