

Request for Graduate Course Change - Page 3

Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

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.

Request for Graduate Course Change - Page 5

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:

COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description: