Please fill in the appropriate responses.

ACTION(S) TO BE TAKEN:

___ Course # Change     ___ Title Change     ___ Credit Hour Change     ___ Grading Change

1. Course # __ __ __ __ - __ __ __ (if renumbering, list old course # __ __ __ __ - __ __ __)

2. Course Title – for transcript and most electronic displays (30 characters max)

______________________________

(if renaming, list old name here ________________________________)

3. Long Course Title – used in catalog (100 characters max)

______________________________

4. Credit hours (If variable give max & min) _______ (if changing, list old credit hours here _______)

5. Grading (check one) ____ Regular grading  ____ Pass/Fail  ____ Satisfactory/Unsatisfactory
   (if changing, list old grading here__________)

6. Academic semester to be effective: _____________

7. Please provide a brief justification for the change you are requesting.

8. If this changes the description in the course catalog, please provide an updated 50 word course description for the College Catalog (include prerequisite & co-requisite information, course goals & course content).

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APPROVALS

Department Chair ___________________________________  Date___________________

Chair, Board of Graduate Education__________________________ Date___________________

Dean ____________________________________________  Date___________________

(or Dean’s  Representative – This signature indicates Faculty Council approval)