

COURSE CHANGE FORM 2016-2017

COLLEGE:	DEPARTMENT:	COURSE PREFIX and NUMBER:
INITIATOR: <i>(Chair or Dean only – Not program Directors)</i>		Date Submitted to the Committee:
PRESENTER: <i>(prior approval Chair or Dean)</i>		Date of Presentation:

Request is for a:	Check
(a) Change to existing course	<input type="checkbox"/>
(b) Course deletion	<input type="checkbox"/>
(c) New course (Attach Master Syllabus)	<input type="checkbox"/>
(d) Other	<input type="checkbox"/>

MEMO TO EXPLAIN REQUEST

OLD CATALOG DESCRIPTION WITH CHANGES (Highlight additions, strikethrough deletions)

CATALOG READY COURSE DESCRIPTION (suggested 50 word limit)

Approvals: Signature			
Curriculum Committee Co-chairs:	Date:	Chairperson or Dean:	Date:
Faculty Senate President:	Date:	Provost:	Date:
Registrar Office:			Date: