OFFICE OF ACADEMIC AFFAIRS
COURSE APPROVAL FORM
COURSE CHANGE

College: Science
Prefix/Subject Code: CS
Course Number: 465
Course Title: Network Security
Credit Hours: 3
Cross Listed: CS 565

Nature of Change:
(Check all that apply)
☐ Add to Charger Foundations
☐ Course Title Change
   Old Title: __________________________ New Title: __________________________
☐ Course Number Change
   Old Number: __________________________ New Number: __________________________
☐ Course Description Change
   Old Description: __________________________ New Description: __________________________
☐ Course Requisite Change
   Old Requisite: __________________________ New Requisite: __________________________
☐ Course Restriction Change
   Old Restriction: __________________________ New Restriction: __________________________
☐ Fee Change
   Old Fee: __________________________ New Fee: __________________________
☐ Move to Inactive
☐ Return to Active
☐ Delete

Effective Date: Fall 2016
Justification of Change:

Should be cross-listed with CS 565

Department Chair: [Signature]

Grad. Council:

College Dean: [Signature]
Graduate Dean:

College Curriculum Committee:

Undergrad Curriculum Cmte: Provost:

Charger Foundations Cmte:

Acknowledgements from other units:

Department Chair: College Dean: