

OFFICE OF ACADEMIC AFFAIRS
COURSE APPROVAL FORM
COURSE CHANGE



College: _____ Prefix/Subject Code: _____ Course Number: _____

Course Title: _____ Credit Hours: _____ Cross Listed: _____

Nature of Change: _____ Effective Date: _____

(Check all that apply)

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: _____

Delete

Move to Inactive

Return to Active

Justification of Change:

Department Chair: _____ **Grad. Council:** _____

College Dean: _____ **Graduate Dean:** _____

College Curriculum Committee: _____

Undergrad Curriculum Cmte: _____ **Provost:** _____

Acknowledgements from other units:

Department Chair: _____ **College Dean:** _____