

**Course Update Form**

School	Degree	Subject	Course Number
Change			Effective Date
<input type="checkbox"/> New Course <input type="checkbox"/> Modification <input type="checkbox"/> Deletion			
Justification for Change			

Short Course Title (30 Characters):		Long Course Title:	
Consent Required	Repeat for Credit	Cross-listed	If cross-listed course, details:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credits	Course Number*	Topics Course	Topic (if topics course):
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrollment Capacity	Component	Semester	Frequency
	<input type="checkbox"/> Lecture <input type="checkbox"/> Clinical <input type="checkbox"/> Laboratory <input type="checkbox"/> Practicum <input type="checkbox"/> Research <input type="checkbox"/> Seminar <input type="checkbox"/> _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> _____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Odd Year <input type="checkbox"/> Every Even Year <input type="checkbox"/> _____
Grading Basis		Course Fee	Please fill out and attach the <a href="#">Course Fee Request Form</a> to add, delete, decrease, or increase fees.
<input type="checkbox"/> P/NP <input type="checkbox"/> Letter Grade <input type="checkbox"/> S/U <input type="checkbox"/> Non-Graded <input type="checkbox"/> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prerequisite(s):			
Course Description:			

\*Insert if modification is needed.

**Proposal Submitted By:**

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Typed Name	Signature	Date
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**Department Chair:**

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Typed Name	Signature	Date
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**Chair, Curriculum Committee:**

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Typed Name	Signature	Date
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**Dean of School:**

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Typed Name	Signature	Date
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**\*Please attach a copy of the course syllabus for new or modified courses. If additional room is needed please use another sheet.**