## **UNT Dallas- Course Add/Change Request Form**

New Cours	se Course Chai	nge	Effective:
Department:		School:	
Faculty Contact Person:		Tel:	Email:
Course Prefix:	Course Number:	Course Level:	CIP Code:
TCCNS Number (if appli	cable):		
Semester Credit Hours:	Lecture Contac	ct Hours: Lab	b Contact Hours:
Course Title:			_
Short Course Title:			
Topics Course? Yes	No Can be repear	ted for credit as topics	vary? Yes No
	Maximum to	tal # of hours allowed:	:
Catalog Description (max	kimum of 40 words):		
			·
Prequisite(s):			
			Minor:
If course is to be cross-lis			
Department:	Course Prefix/Cou	ırse Number:	
The safety category for thi (See Course Add/Change for		ategory descriptions).	
Justification for adding/ch	nanging course:		
**New Course Requests	MUST attach a syllabus	containing 1) course le	earning outcomes, and 2) evaluation methods.
duplication will occur as re	esult of this course, and (2)	all departments have b	ferings of this and other departments and no een consulted which may be major sources of all be affected by adding/changing this course.
Course Developer:			

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APPROVED:	
School Curriculum Committee Chair:	
Dean of School:	
University Curriculum Committee Chair:	
Provost:	

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