

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 Course Fee Request Form 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:

Typed Name

Signature

Date

Department Chair:

Typed Name

Signature

Date

Chair, Curriculum Committee:

Typed Name

Signature

Date

Dean of School:

Typed Name

Signature

Date

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