Updated 9/30/16



Course Title on Transcript **(20 spaces or less)**

Full Title:

Justification

Approved by:

 Division Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 Academic Council/Associate Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Title Change □ Credit Hour Change □ Prerequisite Change □ Course No. Change

□ New Course □ Course Description Change □ Delete Course □ Dual List Change

□ Other (specify—dual list, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Inactive Course □ Reactivate Course

Prefix and Course No. Semester Credit Hours

Grade Type: □ Graded □ Pass/Fail Activity Type: □ LEC □ LAB □ FLD □ LEC/LAB COMBO

Semester course to be taught: **Campus:** □ Fall □ Spring □ Summer **Online:** □ Fall □ Spring □ Summer

Length of course: □ Semester □ 1st 8-week □ 2nd 8-week

Final Exam: □ Last Class □ Yes □ No

New Course Description

**COURSE CHANGE FORM**

Academic Council