

COURSE CHANGE FORM

Academic Council

Major _____ Current Date _____ Session Effective _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Title Change | <input type="checkbox"/> Credit Hour Change | <input type="checkbox"/> Prerequisite Change | <input type="checkbox"/> Course No. Change |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Course Description Change | <input type="checkbox"/> Delete Course | <input type="checkbox"/> Dual List Change |
| <input type="checkbox"/> Other (specify—dual list, etc) _____ | | <input type="checkbox"/> Inactive Course | <input type="checkbox"/> 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

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

Full Title: _____

New Course Description

Justification

Approved by:

Academic Council Chair: _____

Date: _____

Dean/Associate Dean _____

Date: _____