



Graduate Course Change/Delete Request Form

Use for courses "G" and 500-899.

Department Name: _____					
Effective Term and Year: _____		Action: <input type="checkbox"/> Change Course <input type="checkbox"/> Delete Course		Will this impact other Departments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which department? _____	
Current Course Information: (Required)	Prefix: ____ Number: ____ Credit: ____ Lab: ____ Lecture: ____ Schedule Type: _____ / _____	Grading Option: _____	Course Title: _____		
Change Type: <input type="checkbox"/> Prefix <input type="checkbox"/> Number <input type="checkbox"/> Title <input type="checkbox"/> Credit <input type="checkbox"/> Description <input type="checkbox"/> Pre/Co Reqs <input type="checkbox"/> Restrictions <input type="checkbox"/> Grading Option <input type="checkbox"/> Other					
Rationale:					
New Course Information: (Include only info being changed)	FROM: Prefix: ____ Number: ____ Credit: ____ Lab: ____ Lecture: ____ Schedule Type: _____ / _____ Grading Option: _____ Course Title: _____ Description: _____	TO: Prefix: ____ Number: ____ Credit: ____ Lab: ____ Lecture: ____ Schedule Type: _____ / _____ Grading Option: _____ Course Title: _____ 30 Char. Max Abbreviation: _____ Description: _____			
Prerequisite(s): FROM: _____ TO: _____		Co-requisite(s): FROM: _____ TO: _____		Pre/Co-requisite(s): FROM: _____ TO: _____	
Repeatable Credit: FROM: <input type="checkbox"/> Yes TO: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No If yes, number of times repeatable: ____ <input type="checkbox"/> Unlimited		Variable Credit: FROM: <input type="checkbox"/> Yes TO: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No If yes, __ min and __ max credits		Variable Topic: FROM: <input type="checkbox"/> Yes TO: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
Pre/Co-Requisite for other Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide courses: _____					
Restriction(s): FROM: _____ TO: _____					
ADMIN USE ONLY AA REVIEWED _____ PROCESSED _____ REGO PROCESSED _____		Name	Phone Ext/Email	Signature	Date
	Submitted By				
	Department Head				
	Academic Dean				
	Grad Curriculum Committee				
	Graduate Dean				
Office of Academic Programs					

Upon approval by the Academic Dean, email the signed form **directly** to academicprograms@louisiana.edu. The Office of Academic Programs will record as received, review for compliance with the University style guide and completion of information, and route as required to other approval entities. Check your college OneDrive for updates.