



Undergraduate Course Change/Delete Request Form

Use for courses 100-499. No "G" courses.

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		Name	Phone Ext/Email	Signature	Date
AA		Submitted By			
REVIEWED _____		Department Head			
PROCESSED _____		Academic Dean			
REGO		Office of Academic Programs			
PROCESSED _____					

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, approve, and process. Check your college OneDrive for updates.