



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		UG Curriculum Committee			
PROCESSED _____		Office of Academic Programs			

Upon approval by the Academic Dean, send the original, signed form **directly** to Academic Affairs, Academic Programs (Martin Hall, room 223). 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.