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| --- | --- |
| **College:** | Choose an item. |
| **Department/School:** | Choose an item. |
| **Person Submitting Initial Request:** | Click or tap here to enter name. |
| **Effective Catalog Year:(e.g.: 2023-2024)** | Click or tap here to enter text.  |
| **First Semester Change will be Offered: (e.g.: Fall 2023, Spring 2024, Sum1 2024, etc.)** | Click or tap here to enter text. |
| **Current Course Prefix/Number/Title:** | Enter prefix, number and title. |
| **Type of Change** (check all that apply) |
| [ ]  Prefix\* [ ]  Number\* [ ]  Title\* [ ]  Description\*[ ]  Prerequisite [ ]  SCH [ ]  Stacked [ ]  Other\*For courses that have the prefix, number, and/or majority of the title and description being changed, **this will become a NEW course that will be added to the course inventory and the existing course will be deactivated**. However, **both** courses may be linked for registration/repeat purposes. **In addition, for changes with an asterisk above, please do the following:** * Contact the Registrar’s office to select a new course number.
* Submit a *Program Change Request* for any program(s) affected by this change.
 |
| Check all terms this course is typically offered. | [ ]  FA  | [ ]  DEC  | [ ]  SP  | [ ]  MAY  | [ ]  SU1  | [ ]  SU2  |
| Check the yearly cycles(s) this course is typically offered. | [ ]  All  | [ ]  Odd  | [ ]  Even  |
| Check the modality that this course is typically offered.  | [ ]  Only Online  | [ ]  Only Face-to-Face | [ ]  Both and/or Hybrid |
| Does the course require the use of hazardous chemicals and/or equipment? (If the answer is ‘no’, please mark N/A on the next question.) | [ ]  Yes  | [ ]  No  |  |
|  Has the course been marked as (HAZ)? | [ ]  Yes, it is already marked  | [ ]  No, but it needs to be marked | [ ]  N/A  |
| **Important notes:*** **Once the ‘Course Change Request’ has been approved by the University Curriculum Committee and Provost, please contact Academic Digital Marketing (ADM) to update any college or department websites.**
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| **Explanation/Justification**Provide a brief explanation of the requested change and specify assessment findings (learning and/or strategic) that support the need for this request.  |
| Click or tap here to enter text. |
| **Change From/To**Copy current course prefix, title, number, and description from catalog; indicate changes by using ~~strikethroughs~~ for deletions and red font for additions.  |
| Click or tap here to enter text. |
| *If this includes a title change, s*uggest an abbreviated title (no periods, 20 characters or less, including spaces). |
| Click or tap here to enter text. |
| **Other Department(s) Affected by this Request** Confirm contact of and approval by other departments. |
| Click or tap here to enter text. |
| **Implications to Budget**Describe additional personnel (faculty/staff), space, equipment/supplies, library, and IT needs as appropriate. |
| Click or tap here to enter text. |