COURSE CHANGE REQUEST FORM

STEP 1 –COURSE INFORMATION

SUBJECT CODE/COURSE NUMBER:_____   CROSS-LISTED COURSES:_____

COURSE TITLE:_____   CHANGE EFFECTIVE TERM:_____

STEP 2 – LIST CHANGES REQUESTED

◊   CHANGE COURSE TITLE:_____

      o   TITLE FOR TRANSCRIPT (computer generated): _____
                                     (Maximum 30 characters, including spaces)

◊   CHANGE SEMESTER HOURS:_____   CHANGE GRADE OPTION TO: A-F   CRD/NCR   AUD

◊   CHANGE PREREQUISITES/COREQUISITES:_____

◊   CHANGE GE FULFILLMENT(Undergraduate courses only):_____
      o   (Requires GE Committee Approval – See Step 5 Below)

◊   CHANGE MAJOR/MINOR.PROGRAM FULFILLMENT:_____
      o   (Indicate Core, Elective, Emphasis fulfillment for which major)

CHANGE THE FOLLOWING RESTRICTIONS TO LIMIT ENROLLMENT TO ELIGIBLE STUDENTS ONLY:

◊   MAJOR RESTRICTIONS:_____   LEVEL RESTRICTIONS:_____

◊   PROGRAM RESTRICTIONS:_____   REACTIVATE COURSE:_____

◊   DELETE FROM ACTIVE COURSES:_____

◊   MAKE OTHER CHANGES AS DESCRIBED:

◊   COMMENTS/REASONS FOR CHANGE:

STEP 3 – ORIGINATOR OF CHANGE

SUBMITTED BY:_____
                        (Printed Name)   (Signature)   (Department)

STEP 4 – PROGRAM/DEPARTMENT CHAIR APPROVAL

BY:_____
          (Program/Department Chair Signature)   (Program/Department)

STEP 5 – GE COMMITTEE APPROVAL (FOR GE FULFILLMENT CHANGES ONLY)

BY:_____
          (GE Committee Approval)

STEP 6 – ACADEMIC DEAN APPROVAL

APPROVED BY:_____
          (Academic Dean Signature)   (Cross List Academic Dean Signature)

COMMENTS (DEPT CHAIR/DEAN/RCA)

_____

_____

IN BANNER:_____

                   Initials   Date