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:________________________________________________________________________________________
  ◊ TITLE FOR TRANSCRIPT (computer generated): ____________________________________________________________
  (Maximum 30 characters, including spaces)

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

◊ CHANGE PREQUISITES/COREQUISITES:_______________________________________________________________

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

◊ CHANGE MAJOR/MINOR PROGRAM FULFILLMENT:________________________________________________________
  ◊ (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:______________________   CAMPUS RESTRICTIONS:______________________

◊ DELETE FROM ACTIVE COURSES:______________   REACTIVATE COURSE:________________________

◊ 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