



COURSE CHANGE FORM

Please indicate changes only. Course #s may not be changed. Incomplete forms may be returned.

Course: _____

Department Course # Tags (if applicable) Current Course Title

Term/Semester that change is effective _____ Academic year that change is effective _____

Have all tags been approved via UCC or RAAD Council? Yes No (complete a Gen Ed Course Proposal Form) N/A

	Current	Change To	Rationale for Change
Credits			
Prevent online self-registration			
Pass/Fail vs. Graded			
Prerequisite(s)			
Co-requisite(s)			
Cross-listed course(s)			
Other: _____			

Catalog Description (Please also indicate pre-requisites at end of course description.)

SPECIAL APPROVAL:

(if applicable)

Cross-listed Courses: Chair(s) of Cross-listing Dept. Date _____

RAAD Courses: RAAD Council Chair

REQUIRED SIGNATURES:

_____ Date _____
Department Chair or Dean of School (as appropriate)

_____ Date _____
Assistant Dean for Academic Operations

FOR OFFICE USE ONLY

PROCESSED BY: _____ DATE: _____ Pre-Reqs. D.A.C. – ARC: _____