Course Change Request

Check Appropriate Boxes: Undergraduate credit □ Graduate credit □ Professional credit X

1. School/Division: School of Social Work
2. Academic Subject Code: SSW
3. Current Course Number: 51093
4. Current Credit Hours: 3
5. Current Title: Health Care Practice III
6. Effective Semester/Year for changes listed below: ASAP
7. Instructor: ____________

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)

☒ 9. Current course title: Health Care Practice III
   Change to: Health Care Practice II
   Recommended abbreviation (optional) ____________________________ (Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: ________ or variable from: ________
    Change to credit hours fixed at: ________ or variable from: ________

☐ 11. Current lecture contact hours fixed at: ________ or variable from: ________
    Change to lecture contact hours fixed at: ________ or variable from: ________

☐ 12. Current non-lecture contact hours fixed at: ________ or variable from: ________
    Change to non-lecture contact hours fixed at: ________ or variable from: ________

☐ 13. Is this course currently graded with S-F (only) grades? Yes ___ No ___
    Change to S-F (only) grading? Yes ___ No ___

☐ 14. Does this course presently have variable title approval? Yes ___ No ___
    Is variable title approval being requested? Yes ___ No ___

☐ 15. Is this course being discontinued? For all campuses ________ or for this campus only ________

☐ 16. Current course description

__________________________________________________________

__________________________________________________________

Change course description to (not to exceed 50 words)

__________________________________________________________

__________________________________________________________

17. Justification for change: This course was always supposed to have been II instead of III
(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? ____________

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: ____________________________ Date: ____________
Department Chairman/Division Director

Approved by: ____________________________ Date: ____________
Dean

Dean of Graduate School (when required) Date: ____________

Chancellor/Vice-President Date: ____________

University Enrollment Services Date: ____________

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

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University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White