Course Change Request

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [x] Professional credit [ ]

5. Current Title URBAN ART CONTEXT 6. Effective Semester/Year for changes listed below: 4102

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: ___________
   Change to: ___________
   Recommended abbreviation (optional) (Limited to 32 Characters including spaces) ___________

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

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

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

☐ 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
   Repeat for Credit: 1

Change course description to (not to exceed 50 words)
   Repeat for Credit: 2

☐ 17. Justification for change This course should have been repeatable.
   (Use additional paper if necessary) N/A

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: [Signature] Date 8/31/09

Department/Chairman/Division Director Date ___________

Dean of Graduate School (when required) Date ___________

Approved by: [Signature] Date 9/23/09

Dean 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.

UPS 725 University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White