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: 1 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 __________________________
    Change course description to (not to exceed 50 words) __________________________

17. Justification for change: Starting in Spring 2010, classes will be offered for various credits.
(Use additional paper if necessary)

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

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 __________________________ Date ______________
Dean of Graduate School (when required) __________________________ Date ______________

Approved by: __________________________ Date ______________
Deborah Cullen, 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 Fund—White: Chancellor/Vice-President—Blue: School/Division—Yellow:
Department/Division—Pink: University Enrollment Services Advance—White