

**CURRICULUM CHANGE REQUEST (CCR)**

**SECTION I. REQUESTER INFORMATION**

1. DEPARTMENT:	2. DATE OF REQUEST:
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**SECTION II. PROPOSED CHANGE(S)**

3. TYPE OF CHANGE REQUESTED:

Drop an existing course          Add a new course          Change an existing course          Other (use block 7. to explain)

Note: If needed, selection of a course designator and title should be cleared in advance with the Registrar.

4. COURSE DESIGNATOR (if applicable):	5. CREDITS (R-L-C format): ___ _ _
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6a. FULL COURSE TITLE:

6b. ABBREVIATED COURSE TITLE (all caps, one character per box, limited to 28 characters):

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7. COURSE DESCRIPTION AS IT WILL APPEAR IN THE COURSE CATALOG (strict limit of 750 characters, including spaces):

8. COURSE REQUISITES (list pre-requisites and co-requisites):

9. COURSE MATRICES (list the course matrices the course will appear in (e.g. EME 2/C spring, FPS 1/C fall)):

10. WHEN FIRST OFFERED: AY				11. ACADEMIC TERMS (choose all academic terms that the course will normally be offered in):	summer	fall	spring
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**SECTION III. RECOMMENDATIONS AND APPROVALS**

12a. DEPARTMENT CHAIR RECOMMENDATION: APPROVAL          DISAPPROVAL	12b. PRINTED NAME:	12c. SIGNATURE:	12d. DATE:
13a. SCHOOL DEAN/DIVISION DIRECTOR RECOMMENDATION: APPROVAL          DISAPPROVAL	13b. PRINTED NAME:	13c. SIGNATURE:	13d. DATE:
14a. SCHOOL COMMITTEE CHAIR RECOMMENDATION: APPROVAL          DISAPPROVAL	14b. PRINTED NAME:	14c. SIGNATURE:	14d. DATE:
15a. FACULTY SENATE COMMITTEE CHAIR RECOMMENDATION: APPROVAL          DISAPPROVAL	15b. PRINTED NAME:	15c. SIGNATURE:	15d. DATE:
16a. PROVOST DECISION: APPROVED          DISAPPROVED	16b. PRINTED NAME:	16c. SIGNATURE:	16d. DATE: