CURRICULUM CHANGE REQUEST

Department: _____ Date: _____

I. Proposed change(s)

☐ **Drop an existing course.**

Course Designator: _____ Credits R-L-C: ___-___-___

☐ **Add a new course** or ☐ **Change an existing course** or ☐ **Other** (use description space to explain)

Course Designator (if applicable): _____
Title: _____

Abbreviated Title (all caps, 28 or fewer characters including spaces):

Credits R-L-C: ___-___-___
Course description as it will appear in catalog (strict limit of 750 characters, including spaces):

Course requisites (pre- and co-): _____

This course will appear in the following matrices (e.g. EME 2/C spring, FPS 1/C fall):

Course will first be offered: _____

Course will normally be offered in: ☐-summer, ☐-fall, ☐-spring academic terms

II. Approvals

initials & date:					
approved by	Chair	Dean / Div Dir	SCC / CCC Chair	FSCC Chair	Provost

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