

SCHOOL OF GRADUATE STUDIES

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Graduate Education Council Request for Change(s) in Existing Course

Department: _____ Course No.: _____ No. of Credits: _____

Full Title: _____

Effective date of change(s): _____

Current Course Description: Print exactly as description appears in catalog.

Type of change(s) proposed:

_____ course number	_____ credits	_____ use of course
_____ full course title	_____ course description	
_____ abbreviated course title	_____ prerequisites	_____ other (specify)

New Course Information: _____ **Course Number:** _____ **No. of Credits:** _____

New Full Title: _____

New Abbreviated Title: _____ (30 characters maximum)

New Course Description: Limit to 75 words, not counting articles and prepositions. Print exactly as description will appear in catalog, including prerequisites, corequisites, limitations, etc.

Justification For This Course: In this section, please explain the rationale for the change in course. Refer to what it contributes to the knowledge and/or skills of its audiences and, if appropriate, how it addresses program goals and/or applicable national or state standards.

- 1) Approval by graduate committee of sponsoring department: **yes** **no**
- 2) Course no. checked against historical course file to prevent duplication: **yes** **no**
- 3) If this course would modify any curriculum other than that of the sponsoring department, please attach statements from all involved departments indicating their approval. List such departments below.

4) Submitted by: _____
Signature of Department Chairperson and Date