

Course Form

NOTE: This form must be received by the Registrar's Office by February 1^{st} to be included in the next academic catalog.

Effective Term/Year	_ College	Course Acti	on
Prefix and Number Course Title			
Semester Credit Hour Syllabus Attached	Grade Type	Schedule Type	Course Label
Cross-listed Course(a	ttach syllabus)	Lab course	(attach syllabus)
Please use the space below to describe your progressively more advanced in academic collearning enabling the graduate to contribute course changes must be submitted through table that provides current and proposed described to the course of	ontent than an ur e to a profession your department	ndergraduate course a or field of study. List a t, college, and faculty	and how it fosters independent any pre-requisite courses. All
Signatures			
Certified, Department Chair	Date		
Approved, College Dean	Date		
Reviewed, Institutional Effectiveness and Research Representative		ative Date	
Approved, Provost & Vice President for Academic Affairs		 Date	

Copy to: Registrar's Office