**COURSE ACTION FORM (Effective 2022)**

**Requested Effective Term:** ____

**Initiating Department:** ____

**Form Completed By:** ____

**COURSE ACTION TYPE (Check only one):**
- NEW Course to Be Added*  
- Course to Be Dropped  
- Change to Existing Course

**CHANGES (Check all that apply):**
- Course Prefix/Subject  
- Course Title  
- Grade Modes  
- Level (UG, GR, PR)  
- Course Number*  
- Course Description  
- Course Equivalencies  
- Credit Hour Configuration  
- Prerequisites  
- Mutually Exclusive Courses

*Please check SCACRSE in Banner and SIS screen 128. You must select a new course prefix-number combination that has not been previously used.

**PRESENT COURSE AS LISTED IN THE CATALOG**

<table>
<thead>
<tr>
<th>Course Prefix/Subject</th>
<th>Course Number</th>
<th>Abbreviated Title (30 character max)</th>
<th>Full Title (if more characters needed)</th>
<th>Total Semester Credit Hours</th>
<th>List range for variable credit courses</th>
<th>Specify credit hours: LEC/TH</th>
<th>LAB</th>
<th>DISC</th>
<th>IS</th>
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**RECOMMENDED CHANGE OR NEW COURSE**

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**Catalog Description of Present Course:**

Enter description here

Prerequisite(s): list all prerequisites here using logical operators ("and", "or" and parentheses as needed).

**Catalog Description of New or Revised Course:**

(if changed, type description in full; if unchanged, type “same”; limit 500 characters)

Enter description here

Prerequisite(s): list all prerequisites here using logical operators ("and", "or" and parentheses as needed).

**Level:** Undergraduate _  Graduate _  Professional _
(Check all that apply)

**Grade Modes:** Standard _  Pass/Fail _  Research _
(Check all that apply)

**Equivalent Courses:** Enter equivalent courses here
(Academically equivalent; treated as the same course in the repeat policy)

**Mutually Exclusive Courses:** Enter overlapping courses here
(Not academically equivalent; but enough overlapping content that students can apply only one of these courses toward a degree)

**Internship or Practicum Course (Yes/No):** ____

**CIP Code:** Enter CIP code here if new or changing

**STATE REASON FOR REQUEST (Required by OSRHE) – For new courses, also attach Supplementary Information Form and a Syllabus.**

Enter reason for request here - 320 character max

<table>
<thead>
<tr>
<th>Head of the Department – Date</th>
<th>Graduate College Dean (for Graduate Credit) – Date</th>
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<tr>
<th>College Dean (Department’s Home College) – Date</th>
<th>Associate Provost – Date</th>
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