**Requested Effective Term: Initiating Department:**

**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**

Course Prefix/Subject Course Number

Abbreviated Title (30 character max)

Full Title (if more characters needed)

Total Semester Credit Hours  (list range for variable credit courses)

Specify credit hours: LEC/TH  LAB  DISC  IS

CLN

Cumulative Max Total for **Variable Credit** Courses

Total Contact Hours (per week)

Specify contact hours: LEC/TH  LAB  DISC  IS

CLN

**Catalog Description of Present Course:**

Prerequisite(s): **list all prerequisites here using logical operators ("and", "or" and parentheses as needed).RECOMMENDED CHANGE OR NEW COURSE**

Course Prefix/Subject  Course Number\*

Abbreviated Title (30 character max)

Full Title (if more characters needed)

Total Semester Credit Hours (list range for variable credit courses)

Specify credit hours: LEC/TH  LAB  DISC  IS

CLN

Cumulative Max Total for **Variable Credit** Courses

Total Contact Hours (per week)

Specify contact hours: LEC/TH  LAB  DISC  IS

CLN

**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.**

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**Head of the Department – Date Graduate College Dean (for Graduate Credit) – Date**

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**College Dean (Department’s Home College) – Date Associate Provost – Date**