**Office of the Provost**

**COURSE ACTION FORM (Effective 2021)**

**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**

<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>Specify credit hours: LEC/TH</th>
<th>LAB</th>
<th>DISC</th>
<th>IS</th>
<th>Cumulative Max Total for <strong>Variable Credit</strong> Courses</th>
<th>Total Contact Hours (per week)</th>
<th>Specify contact hours: LEC/TH</th>
<th>LAB</th>
<th>DISC</th>
<th>IS</th>
</tr>
</thead>
</table>

**CATALOG DESCRIPTION OF PRESENT COURSE:**

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

**RECOMMENDED CHANGE OR NEW COURSE**

<table>
<thead>
<tr>
<th>Course Prefix/Subject</th>
<th>Course Number</th>
<th>Abbreviated Title (30 character max)</th>
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<th>IS</th>
</tr>
</thead>
</table>

**CATALOG DESCRIPTION OF NEW OR REVISED COURSE:**

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

**Level:**

- Undergraduate
- Graduate
- Professional

**Grade Modes:**

- Standard
- Pass/Fail
- Research

**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

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**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**

**Head of the Department – Date**

**Graduate College Dean (for Graduate Credit) – Date**

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

**Associate Provost – Date**