COURSE ACTION FORM (Effective 2018)

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Specify credit hours: LEC/TH ___ LAB ___ DISC ___ IS ___</td>
</tr>
</tbody>
</table>

Cumulative Max Total for Variable Credit Courses ___

Total Contact Hours (per week) ___

Specify contact hours: LEC/TH ___ LAB ___ DISC ___ IS ___

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>
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Cumulative Max Total for Variable Credit Courses ___

Total Contact Hours (per week) ___

Specify contact hours: LEC/TH ___ LAB ___ DISC ___ IS ___

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  _  (Check all that apply)

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

Equivalent Courses: Enter equivalent courses here

Mutually Exclusive Courses: Enter overlapping courses here

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

Head of the Department – Date

Graduate College Dean (for Graduate Credit) – Date

College Dean (Department’s Home College) – Date

Associate Provost – Date