



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

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 _____

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

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 _____

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:

(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](#)

Head of the Department – Date

Graduate College Dean (for Graduate Credit) – Date

College Dean (Department’s Home College) – Date

Associate Provost – Date