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.

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### PRESENT COURSE AS LISTED IN THE CATALOG

<table>
<thead>
<tr>
<th>Course Prefix/Subject</th>
<th>Course Number</th>
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<tbody>
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</tbody>
</table>

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

<table>
<thead>
<tr>
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</thead>
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</tbody>
</table>

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

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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

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

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