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>(list range for variable credit courses)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Specify credit hours: LEC/TH</td>
<td>LAB</td>
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<td>Cumulative Max Total for Variable Credit Courses</td>
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<td>Total Contact Hours (per week)</td>
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</tbody>
</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>
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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