

# Course Number or Title Change

**Division/Department/Program requesting change**

**[Enter text here]**

**Course developer/course lead contact information**

**Name:**

**E-mail:**

**Phone:**

**Academic Year in which change will take effect: e.g., 2017-18**

**COURSE CHANGE INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Current Course Number** | **Current Short Course Title for Banner (30 character limit)** | **Current Full Course Title for print catalog** |
| **e.g., HS 151** | e.g., Treating the Problem Gambler | **e.g., Issues in Assessing and Treating the Problem Gambler** |

|  |  |  |
| --- | --- | --- |
| **Proposed Course Number** | **Proposed Short Course Title for Banner (30 character limit)** | **Proposed Full Course Title for print catalog** |
|  |  |  |

**RATIONALE FOR CHANGE**

**Describe why this change is necessary, taking into account potential impact on students, enrollment services, advising, other programs, or other courses.**

**DIVISIONAL APPROVAL** (To be completed by Division Chair and Administrative Assistant)

**Divisional Recommendation:**

The Academic Dean and Administrative Assistant have reviewed this course proposal and kept a copy for divisional files.

Faculty review of this course was completed within the division on \_\_\_\_\_\_\_\_\_(date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Administrative Assistant/Coordinator Date

\_\_\_\_\_\_\_\_\_

Academic Dean Date

**College Approval**

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Curriculum Committee Chair Date Executive Dean for Academic Affairs Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Vice President for Academic & Student Affairs Date