The Change A Course Form should be used for amending an existing course in the catalog. Separate proposals must be submitted to create 4XXX and 5XXX course proposals. Depending on the requested change, the Change Curriculum Form should be submitted simultaneously to indicate how the change to the course will impact a respective degree program.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department**: | | | | | | **College:** | | |  |
| **Departmental Prefix:** | | |  | | **Course Number:** |  |  |  |  |
| **Course Title:** | | | | | | | | | |
| **Semester/Year Requested:**  Fall 20\_\_\_\_\_  Spring 20\_\_\_\_\_  Summer 20\_\_\_\_\_ | | | | | | | | | |
|  | Course Title | | | | | | | |  |
|  | | From: | | | | | | | |
|  | | To: | | | | | | | |
|  | Prerequisite/Description | | |  | | | | | |
|  | Other : | | | | | | | |  |
|  | | Grading Basis: | | | | | | | |
|  | | Repeat for Credit Rules: | | | | | | | |
|  | | Department Consent: | | | | | | | |

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| List all courses and curricula affected by this request. Submit request for other changes **concurrently** with this request. |  |
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Other departments or units affected by this action. Supply additional information, if needed, on a separate sheet.

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Department or unit Chair or unit head signature (plus date) Support Not Support

**Signatures constitute approval.** Signatures by the department chair and courses and curricula committee chairs certify that the proposal was discussed and approved by a majority of the voting members of the department and/or committee.

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Department Chair Date University Courses and Curricula Chair Date

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College Courses and Curricula Chair Date Provost/Academic Affairs Date

|  |  |
| --- | --- |
|  |  |

College Dean Date

**Submit one signed copy to the Registrar’s Office and one electronic copy to uccc@uno.edu.**

|  |  |
| --- | --- |
| **Present** | **Proposed** |
|  |  |

|  |
| --- |
| **Justification for Changes** |
|  |