

GRADUATE COURSE CHANGE/ NEW COURSE ADDITION FORM

This information will be used to update the on-line University Catalog upon review and approval of the Graduate Council.

College: _____ Program: _____

COURSE CHANGE

Course Prefix: _____	Course Number: _____	Prerequisites: _____
Course Title: _____		
Description of Change: _____		
Semester change will take effect: _____		

NEW COURSE

Course Prefix: _____	Course Number: _____	Prerequisites: _____
Course Title (31 character limit for SIS): _____		
Course Title (50 character limit for Catalog): _____		
Description of course to be used in catalog (500 character limit): _____		
Lecture/Recitation Hrs: _____		
Lab/Studio Hrs: _____		
Credit Hrs: _____		
Semester new course will take effect: _____		

REQUIRED COURSE APPROVALS

Department Chairperson: _____	Date: _____
Graduate Council Chair: _____	Date: _____
Date Catalog Updated: _____	