

## CNS Course Inventory Change Request Form

1. Department/Academic Program:
2. Course Abbreviation: Course Number:
3. Proposed Change (select all that apply):

|                                |      |                   |                       |
|--------------------------------|------|-------------------|-----------------------|
| Add                            | Drop | Title             | Subject-Matter        |
| Contact Hrs /Semester Hr Value |      | Meeting Statement | Degree Plan Statement |
| Same-As Statement              |      | Restriction(s)    | Prerequisite          |
4. Course Title:
5. Same-as Statement:
6. Restrictions:
  
7. Subject-Matter Description:
  
  
  
  
  
  
  
  
  
  
8. Contact Hours:

|             |         |                              |
|-------------|---------|------------------------------|
| (a)Lecture: | (b)Lab: | (c) Value in Semester Hours: |
|-------------|---------|------------------------------|
9. Meeting Statement:
  
  
  
  
  
  
  
  
  
  
10. Degree Plan Statement:
  
  
  
  
  
  
  
  
  
  
11. Prerequisite:
  
  
  
  
  
  
  
  
  
  
12. Justification:
  
  
  
  
  
  
  
  
  
  
13. Date Approved by Department:
14. Form Completed by: