

## 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:
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9. Meeting Statement:
  
10. Degree Plan Statement:
  
  
  
  
  
  
  
  
  
  
11. Prerequisite:
  
  
  
  
  
  
  
  
  
  
12. Justification:
  
  
  
  
  
  
  
  
  
  
13. Date Approved by Department:
14. Form Completed by: