CNS Undergraduate Course Inventory Change Request Form

Cours	se Number	Topic Number		
Add Drop				
Contact Hours/Semester Hour Degree Plan Statement		atement		
Meeting Statement		Prerequisite		
Restrictions Same-as-S		Same-as-Stater	Statement	
Subject-Matter		Title		
1	Restriction:			
Contact Ho	urs (Lab):	Value in Semester Hours		
Yes	Grading	Student Option	Pass/Fail Only	
No	Method:	Letter Grade Only		
	Add Contact Hours/Seme Meeting Statement Restrictions Subject-Matter	Contact Hours/Semester Hour Meeting Statement Restrictions Subject-Matter Restriction: Contact Hours (Lab): Yes Grading Method:	Add Drop Contact Hours/Semester Hour Degree Plan Statement Prerequisite Restrictions Same-as-Stater Subject-Matter Title Restriction: Contact Hours (Lab): Value in Method:	

Form Completed By

Date Approved by Dept