

# CNS Undergraduate Course Inventory Change Request Form

Department / Academic Program:

Course Field of Study :

Course Number

Topic Number

Course Title:

Proposed Change

Add

Drop

Contact Hours/Semester Hour

Degree Plan Statement

Meeting Statement

Prerequisite

Restrictions

Same-as-Statement

Subject-Matter

Title

Same-as Statement:

Restriction:

Subject-Matter Description:

Contact Hours (Lecture):

Contact Hours (Lab):

Value in Semester Hours

Repeatable:

Yes

Grading Method:

Student Option

Pass/Fail Only

No

Letter Grade Only

Meeting Statement:

Degree Plan Statement:

Prerequisite Current:

Prerequisite Proposed:

Justification:

Date Approved by Dept

Form Completed By