

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:
	No	Student Option
		Pass/Fail Only
		Letter Grade Only

Meeting Statement:

Degree Plan Statement:

Prerequisite Current:

Prerequisite Proposed:

Justification:

Date Approved by Dept

Form Completed By