

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: