

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