# **REQUEST TO MODIFY COURSE**

***Order of Action: Submit to Academic Affairs Coordinator with Chair/Director and Dean/Supervisor signatures for review. Requests will then be forwarded to the appropriate committee to begin the approval process.***

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| **Course Prefix, Number, and Title:** | | |
| Prefix | Number | Title |

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| **Requested Modifications(s): (Check All That Apply)** | | | | | |
| Department | Prerequisite(s) | | | Co-requisite(s) | |
| Description | Title | | | Prefix | |
| Number | Level | | | CIP Code | |
| Mode of Instruction | Credit Hours | | | Contact Hours | |
| Content | # of Repeats | | | Cross-Listing | |
| Grade Option | Enrollment Restriction | | | Delivery Format | |
| General Education Credit: | Delete | Add | Guided Elective | | General Elective |
| Liberal Arts and Sciences Credit: | Delete | Add | | | |
| Teacher Certification: | Yes | No | | | |

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Chair or Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Supervisor Signature Date



Preferred Effective Term (If Approved)

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| For Council/Committee/VPAA Use Only: | | |
| Teacher Education Council | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| General Education Committee | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Graduate Council | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Curriculum Committee | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Vice President for Academic Affairs | Approve  Disapprove | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  VPAA Signature Date |

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| For Office Use Only: | | |
| OU BOR: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Catalog: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Start Term: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Transparency: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| MCIF: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |

**REQUEST TO MODIFY COURSE**

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| **Current Course Information** | | **Proposed Course Information** | | |
| Department: | | Department: | | |
| Prefix: | Number: | Prefix: | Number: | |
| Title: | | Title: | | |
| CIP Code:  ([CIP Code Selector](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)) | | CIP Code:  ([CIP Code Selector](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)) | | |
| Mode of Instruction:  (Select One) | | Mode of Instruction:  (Select One) | | |
| Contact Hours: | Credit Hours: | Contact Hours: | Credit Hours: | |
| Delivery Format(s): (Check all that apply)  Traditional  Hybrid  ITV  Online | | Delivery Format(s): (Check all that apply)  Traditional  Hybrid  ITV  Online | | |
| Number of Repeats: | | Number of Repeats: | | |
| Degree Program(s):  Required:  Guided Elective:  General Elective: | | Degree Program(s):  Required:  Guided Elective:  General Elective: | |
| Crosslisted Course(s): Yes  No  If Yes, Prefix & #: | | Crosslisted Course(s): Yes  No  If Yes, Prefix & #: | |
| Variable Content: Yes  No  If Yes, Reason: (Select One) | | Variable Content: Yes  No  If Yes, Reason: (Select One) | |
| Variable Credit: Yes  No  If Yes, Credit Hours: MIN  MAX  Contact Hours: MIN  MAX | | Variable Content: Yes  No  If Yes, Credit Hours: MIN  MAX  Contact Hours: MIN  MAX | |
| Prerequisite(s) &/or Corequisite(s): | | Prerequisite(s) &/or Corequisite(s): | |
| Course Description: | | Course Description: | |
| Reason(s) for Request: | | | |