# **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:  |