

Course Approval/Change Form

Add Remove Effective Term: _____ Course Title: _____

Course Subject:

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Course Number:

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Lecture Credit Hours: _____ Lab Credit Hours: _____ Lecture Contact Hours: _____ Lab Contact Hours: _____

Course Type: _____ Mode of Instruction: _____ Grading Mode: _____

Does this course involve Clinical Training? Yes No Are patient interactions required? Yes No

CIP Code: _____ Short Course Title: _____

Course Description:

Prerequisites, Corequisites, or other academic requirements:

Justification for Change:

Signatures as Required:

	Name	Signature	Date
Chair, School Curriculum Committee			
Dean, School			
OAA Review <small>Substantive Non-substantive</small>			
Chair, Academic Council/ VPAA			

*** FOR ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT THE UNIVERSITY REGISTRAR'S OFFICE ***