Undergraduate Major Course Revision

Use this form to:

- change course from one division to another (e.g., change from 200-level to 300-level or vice versa)
- change course prerequisites offered by *another* department
- change number of credit hours (e.g., 3 credits to 4 credits)
- reactivate a course last taught 8 or more years ago
- change General Education (GE) category
- change course description to reflect a *significant change* in course content (i.e., a content change of 30% or more)

Approval of a new syllabus is required for all major course revisions.

If you are uncertain whether your proposed revision is major or minor, please consult the *Guide to Course Revisions*.

CURRENT INFORMATION

SCHOOL/COLLEGE: ❑ Business ❑ Education ❑ Fine & Performing Arts ❑ Liberal Arts & Sciences ❑ Science & Engineering

For Provost's Office Use
Effective Term: _____

DEPARTMENT: _____ **COURSE NUMBER:** _____

COURSE TITLE: _____

PROPOSER'S NAME (print)**:** _____ Signature: _____

PREREQUISITES (list all): _____ **GE CATEGORY (if applicable):** _____

COURSE DESCRIPTION: Please enter **current** course description below.

PROPOSED REVISIONS

❑ **DIVISION CHANGE** (lower to upper, upper to lower)
New course number: _____

❑ **CREDIT HOUR CHANGE**
Old credit hours: _____ New credit hours: _____

❑ **CHANGE IN PREREQUISITES** offered by another department

❑ **REACTIVATE COURSE last taught 8 or more years ago**
Term last taught: _____

❑ **CHANGE GENERAL EDUCATION CATEGORY to:** _____ ***A new "GE III Narrative Supplement" is required.***

❑ **SIGNIFICANT CHANGE IN COURSE CONTENT:** ***Please enter new course description (approx. 35 words) below.***

Please proceed to page 2.

REQUIRED APPROVALS

Chair, Originating Dept.: _____ Date: _____

If you are proposing a CHANGE IN PREREQUISITES offered by another department, please obtain the signature of that department's chair: _____ Date: _____

Presiding Officer, School/College Governing Body: _____ Date: _____

Academic Dean: _____ Date: _____

If this course is cross-listed or required in a program leading to teacher certification, please consult the appropriate department(s) and obtain the signatures of the chair(s) and academic dean affected by this major course revision.

Chair of _____: _____ Date : _____; Chair of _____: _____ Date : _____

Chair, Education Council (if applicable): _____ Date: _____

Dean, School of Education (if applicable): _____ Date: _____

Chair, Curriculum Committee: _____ Date: _____

Provost/Vice President, Academic Affairs: _____ Date: _____

Course Recording: Records & Registration (signature): _____ Revision entered (date): _____