**Undergraduate Course Revision**

**PROPOSER’S NAME** (print): ____________________________ Signature: ____________________________

**SCHOOL/COLLEGE:**
- Business
- Fine & Performing Arts
- Education
- Liberal Arts & Sciences
- Science & Engineering
- Interdisciplinary

**DEPARTMENT/PROGRAM:** ____________________________

**COURSE NUMBER:** ____________________________ **COURSE TITLE:** ____________________________

**COURSE DESCRIPTION, CREDITS, ATTRIBUTES, RESTRICTIONS & PRE-/CO-REQUISITES:** Please attach or enter below the course information that appears in the current catalog (see http://www.newpaltz.edu/ugc/ucourses.html).

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**CURRENT**

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**PROPOSED REVISION(S)**

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**MINOR REVISIONS**

- Change COURSE TITLE to:

  ____________________________

  Abbreviated Title (24 characters or less including spaces):

  ____________________________

- Change COURSE NUMBER within level (201 -> 215) or division (e.g., 201 -> 101 or 301 -> 401)

  New course number: ____________________________

- DESCRIPTION CHANGE not related to a substantial (30% or more) change in course content

  Please attach or enter below the new course description (approx. 35 words).

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**MAJOR REVISIONS**

(attach current & new syllabi)

- Change CREDIT HOURS to: ____________________________

  See www.suny.edu/sunypp/documents.cfm?doc_id=168

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- Change COURSE NUMBER across levels (e.g., 201 -> 301 or 301 -> 201)

  New course number: ____________________________

- DESCRIPTION CHANGE related to a substantial (30% or more) change in course content

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- Change, add or drop PRE- or CO-REQUISITES from your own department (specify courses as pre- or co-regs):

  ____________________________

- Change RESTRICTIONS to include or exclude these specific majors/minors/student levels/class types:

  ____________________________

- RE-ACTIVATE COURSE last taught 4-8 years ago

- FREEZE COURSE

- Other: ____________________________

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- Change, add or drop PRE- or CO-REQUISITES from another department (requires consultation):

  ____________________________

- Change, add or drop a SUNY GE category (content area) or competency

- Add or drop Writing Intensive (WI) or Diversity (DIVR) designation

- RE-ACTIVATE COURSE last taught 8 or more years ago

- Other: ____________________________

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* Please attach a brief explanation & justification for ALL proposed changes. *
Is this course required for any programs leading to teacher certification?  
☑ Yes  ☐ No

➢ If yes, which one(s):
  ☐ Early Childhood/Childhood Ed.
  ☐ Adolescence Education

  List affected concentrations (majors): ______________________________________

Is this course required for any other academic major(s) or minor(s)?  
☑ Yes  ☐ No

➢ If yes, please list: __________________________________________________________

Is this course an elective option for any other academic major(s) or minor(s)?  
☑ Yes  ☐ No

➢ If yes, please list: __________________________________________________________

➢ If this course is required or an elective option for any other academic major(s) or minor(s), please have the department chair(s) and Dean sign and date below to confirm that they are aware of the proposed course revision(s).

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Chair, Teaching & Learning: ___________________________________________ Date: ______________________

Chair, Ed. Studies & Leadership: ______________________________________ Date: ______________________

Dean, School of Education: ____________________________________________ Date: ______________________

Is this course required for any programs leading to teacher certification?  
☑ Yes  ☐ No

➢ If yes, which one(s):
  ☐ Early Childhood/Childhood Ed.
  ☐ Adolescence Education

  List affected majors: ____________________________________________________

Is this course required for any other academic major(s) or minor(s)?  
☑ Yes  ☐ No

➢ If yes, please list: ______________________________________________________

Is this course an elective option for any other academic major(s) or minor(s)?  
☑ Yes  ☐ No

➢ If yes, please list: ______________________________________________________

➢ If this course is required or an elective option for any other academic major(s) or minor(s), please have the department chair(s) and Dean sign and date below to confirm that they are aware of the proposed course revision(s).

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Chair, Teaching & Learning: ___________________________________________ Date: ______________________

Chair, Ed. Studies & Leadership: ______________________________________ Date: ______________________

Dean, School of Education: ____________________________________________ Date: ______________________