**Basic Information**

**Name of Course Revision Contact**: Fill in your information here

Date:

Contact Title:

Department:

Course Number:

Course Title:

**Course Revision Information**

**Type of change**

\_\_ Revision

\_\_ Reactivation

\_\_ Deletion

**Date, Year, and Term of Proposed Revision:**

**Parent Program**:

**Course Revision Description and Justification**

*Please give as many details as possible about the revision, including justification for the change.*

**Course Revision Impacts - *select all that apply***

\_\_ Instructional costs (staff, materials, equipment, or facilities) required.

\_\_ Additional instructional costs (staff, materials, equipment, or facilities) are needed.

\_\_ Impact to other divisions in terms of classes and staffing

\_\_ Other:

**Description of Impact**

*If your revision will have one of the impacts listed above, please describe...*

***List current information and proposed changes***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CURRENT** |  |  | **PROPOSED***if no changes put “same”* |
| Course number |  |  | Course number |  |
|  Course title |  |  |  Course title |  |
| Credits |  |  | Credits |  |
| Lecture Hrs/Wk |  |  | Lecture Hrs/Wk |  |
| Lec/Lab Hrs/Wk |  |  | Lec/Lab Hrs/Wk |  |
| Lab/Hrs/Wk |  |  | Lab/Hrs/Wk |  |
| Practicum |  |  | Practicum |  |
| Banner/Instr. Prerequisites |  |  | Banner/Instr. Prerequisites |  |
| Co-requisites |  |  | Co-requisites |  |
| Length (Weeks) |  |  | Length (Weeks) |  |
| Terms Offered |  |  | Terms Offered |  |
| Grading Option |  |  | Grading Option |  |
| Load Factor |  |  | Load Factor |  |

**Additional Documentation**

*Please check additional forms or documentation you have submitted to Curriculum Committee.*

\_\_ Course Outline - required

\_\_ Other: