**Revise a Course**

**(Action)**

Date:

College, Department:

Contact Person: Name, email, phone

1. **Identification of course**
	1. Course prefix (subject area) and number:
	2. Course title:
2. **Proposed change(s):**
	1. course number:
	2. course title:
	3. credit hours:
	4. grade type:
	5. prerequisites:
	6. corequisites:
	7. course description:
	8. other:
3. **Rationale for revision of course:**
4. **Term of implementation:**
5. **Dates of committee approvals:**

|  |  |
| --- | --- |
| Department |  |
| College Curriculum Committee  |  |
| Professional Education Council (if applicable) |  |
| Graduate Council Curriculum Committee  |  |
| Graduate Council  |  |
| University Senate |  |

*\*Course revision proposals require a Course Inventory Form be submitted by the College Dean’s office to the Office of the Registrar.*