**Course Prefix (Subject Area) - Revise**

**(Information)**

Date:

College:

Department:

Contact Person: Name, email, phone

1. **Current course prefix:**

**2. Proposed course prefix:**

**3. Rationale:**

**4. Course numbers to be included under the new course prefix:**

**5. Term of implementation:**

**6. Dates of notification to committees:**

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