Proposal Date:

Enter College Name Here
Department of _____________
Proposal to Create an Equivalent Course
(Consent Item)

Contact Person: Name, email, phone

1. **Identification of existing course:**
   1.1 Current course prefix (subject area) and number:
   1.2 Course title:

2. **Identification of proposed equivalent course prefix(es) and numbers**

3. **Rationale for each equivalent course:**

4. **Proposed term for implementation:**

5. **Dates of prior committee approvals:**

   Department of______________:
   ______________________
   ________________ Curriculum Committee
   ______________________
   Professional Education Council (if applicable) ______________________
   General Education Committee (if applicable) ______________________
   Undergraduate Curriculum Committee (if applicable) ______________________
   Graduate Council (if applicable) ______________________
   University Senate ______________________