**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 |  |