

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 _____