Texas A&M University
Departmental Request for a Change in Course
Undergraduate ♦ Graduate ♦ Professional

• Submit original form and attachments •

1. This request is submitted by the Department of _____

2. Course prefix, number and complete title of course: _____

Attach a brief supporting statement for changes made to items 3a thru 3d, and 5 below.

3. Change requested

   a. Prerequisite(s): From: _____ To: _____

   b. Withdrawal (reason): _____

   c. Cross-list with: _____

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 4; enter proposed course title and proposed course description in item 5.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 6. **Attach a course syllabus**.

4. Complete current course title and current catalog course description:

5. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

6. a. As currently in course inventory:

Prefix	Course #	Title (excluding punctuation)

Lect.	Lab	SCH	CIP and Fund Code	Admin. Unit	FICE Code	Level
					0 0 3 6 3 2	

   b. Change to:

Prefix	Course #	Title (excluding punctuation)

Lect.	Lab	SCH	CIP and Fund Code	Admin. Unit	Acad. Year	FICE Code
					-	0 0 3 6 3 2

Level

Approval recommended by:

Department Head - Type Name & Sign — Date

Department Head - Type Name & Sign (if cross-listed course) — Date

Submitted to Coordinating Board by:

Associate Director, Curricular Services

Chair, College Review Committee — Date

Dean of College — Date

Dean of College — Date

Date

Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu