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
					010298	

b. Change to:

Prefix	Course #	Title (excluding punctuation)

Lect.	Lab	SCH	CIP and Fund Code	Admin. Unit	Acad. Year	FICE Code
					-	010298

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