

**The addition or removal of any restriction or change in credit hours in a course requires that this form, accompanied by any supporting documentation, be completed and approved as indicated below.**

COLLEGE Engineering DEPARTMENT Applied Mathematics

REQUEST IS FOR A CHANGE IN COURSE MTH 1000 TO BE INITIATED WITH CATALOG YEAR 2008 /2009  
Alpha Prefix Course Number

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE?  Yes  No If yes, current credits \_\_\_\_\_ requested credits \_\_\_\_\_

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSES LISTED ABOVE?  Yes  No *If yes, please check all that apply:*

- |   |                                 |  |                                      |  |  |
|---|---------------------------------|--|--------------------------------------|--|--|
| <input checked="" type="checkbox"/> Add | <input type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite   | <input type="checkbox"/> Corequisite | <u>or MTH 0111</u>                                       | <input type="checkbox"/> and <input type="checkbox"/> or |
|   |                                 |  |                                      | <small>Subject Course Number</small>                     |  |
| <input type="checkbox"/> Add            | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite  | <input type="checkbox"/> Corequisite | _____  | <input type="checkbox"/> and <input type="checkbox"/> or |
|   |                                 |  |                                      | <small>Subject Course Number</small>                     |  |
| <input type="checkbox"/> Add            | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite  | <input type="checkbox"/> Corequisite | _____  | <input type="checkbox"/> and <input type="checkbox"/> or |
|   |                                 |  |                                      | <small>Subject Course Number</small>                     |  |
| <input type="checkbox"/> Add            | <input type="checkbox"/> Remove | <input type="checkbox"/> Other restrictions (e.g., Senior Standing, Instructor Approval) |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If yes, please list below:</i>                        |

Course description should include: (Requirement: Passing grade on placement exam or prerequisite course.)

BANNER should enforce the placement exam score and "or" MTH 0111

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVALS: Upon completion of appropriate department approvals, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for approval below and forward to Catalog Director.**

Cecilia Knoll 2/25/08  
Originator Date Chair, Graduate Council Date

Cecilia Knoll 2/25/08 OR  
Department Head/Program Chair Date

\_\_\_\_\_  
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

**CATALOG DIRECTOR'S USE ONLY**

SCACRSE \_\_\_\_\_ SCADCTL \_\_\_\_\_ SCAPREQ \_\_\_\_\_ SCABASE \_\_\_\_\_ SCARRES \_\_\_\_\_  
 Operator Init \_\_\_\_\_ Date \_\_\_\_\_

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