

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 1701 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 | If yes, please list below: |

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 _____ SCADTEL _____ SCAPREQ _____ SCABASE _____ SCARRES _____

Operator Init _____ Date _____

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