

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 College of Psychology and Liberal Arts DEPARTMENT Humanities and Communication

REQUEST IS FOR A CHANGE IN COURSE COM 1101 TO BE INITIATED WITH CATALOG YEAR 2009 /2010
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>COM</u> | <u>0100</u> | <input type="checkbox"/> and <input checked="" type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <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: | |

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.

Car M. Yuni 4-10-08
Originator Date Chair, Graduate Council Date

R. T. [Signature] 4/10/08
Department Head/Program Chair Date OR

[Signature] 4/10/08
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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