

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 _____ CoPLA _____ DEPARTMENT Criminal Justice

REQUEST IS FOR A CHANGE IN COURSE CRM 2320 TO BE INITIATED WITH CATALOG YEAR 20 08 /20 09
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 type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | <u>CRM</u> | <u>1000</u> | <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"/> 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: | |

The course is required for Criminal Justice students and can be used as a SS elective for other students. Upon review of CRM 1000 and SOC 2551 the program chair and course developer concur that the pre-requisite is not necessary.

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.

Ma Jones 4/16/2008
Originator Date Chair, Graduate Council Date

Ma Jones 4/16/2008 OR
Department Head/Program Chair Date

May Betts 4/16/2008
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

CATALOG DIRECTOR'S USE ONLY

SCACRSE _____ SCADETL _____ SCAPREQ _____ SCABASE _____ SCARRES _____
Operator Init _____ Date _____

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