

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 DME S
 REQUEST IS FOR A CHANGE IN COURSE ENS 4300 TO BE INITIATED WITH CATALOG YEAR 20 07/20 08
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>PHYS</u>	<u>2002</u>	<input type="checkbox"/> and <input type="checkbox"/> or
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Prerequisite	<input type="checkbox"/> Corequisite	Subject	Course Number	<input type="checkbox"/> and <input type="checkbox"/> or
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Prerequisite	<input type="checkbox"/> Corequisite	Subject	Course Number	<input type="checkbox"/> and <input type="checkbox"/> or
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Other restrictions (e.g., Senior Standing, instructor Approval)		Subject	Course Number	<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.

Frank R Leslie 5/23/07
Originator Date Chair, Graduate Council Date

J. Maul 5-23-2007
Department Head/Program Chair Date OR

[Signature] 8-27-07
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

CATALOG DIRECTOR'S USE ONLY

SCACRSE _____ SCADTEL _____ SCAPREQ _____ SCABASE _____ SCARRRES _____
 Operator Init _____ Date _____

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