

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/School College of Aeronautics Department Aviation Studies

Request is for a change in course AHF 3101 Introduction to Human Factors To be initiated with catalog year 2007/2008

Is request for a change in credits for course listed above? yes no
 If yes, current credits _____ Requested credit _____

Is request to change restrictions for courses listed above? yes no
 If yes, please check all that apply:

- | | | | | | | |
|------------------------------|--|--|---------------------------------------|----------------|----------------------|--------|
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> co-requisite | _____ | _____ | and/or |
| | | | | <i>Subject</i> | <i>Course Number</i> | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> co-requisite | _____ | _____ | and/or |
| | | | | <i>Subject</i> | <i>Course Number</i> | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> co-requisite | _____ | _____ | and/or |
| | | | | <i>Subject</i> | <i>Course Number</i> | |
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input checked="" type="checkbox"/> other restrictions (please list) | | | | |

Requirement: Junior standing.

Approvals

On completion of appropriate department approvals, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee, for approval below and forward to the Office of the Registrar.

_____ Originator	<u>JTCair</u> <u>3/15/06</u> Date	_____ Chair, Graduate Council	_____ Date
_____ Department Head/Program Chair	<u>JTCair</u> <u>3/15/06</u> Date	OR	
_____ Dean of Associate Dean	<u>JTCair</u> <u>3/15/06</u> Date	_____ Chair, Undergraduate Curriculum Committee	_____ Date

Catalog Coordinator use only

SCACRSE _____ SCADTEL _____ SCAPREQ _____ SCABASE _____

SCARRES _____ Operator initial _____ Date _____

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