

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 Math

REQUEST IS FOR A CHANGE IN COURSE MTH 1702 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>MTH</u> | <u>1000</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: | | |

Course has a current prerequisite (MTH1701-Colleg. Alg.)
We would like either MTH1701 OR MTH1000
to be accepted as the prereq.

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.

W. G. 02/13/09
Originator Date Chair, Graduate Council

Cecilia Knoll 2/13/09 OR
Department Head/Program Chair Date

[Signature] 2-13-09
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee

CATALOG DIRECTOR'S USE ONLY

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

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