

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 Business DEPARTMENT Online Learning

REQUEST IS FOR A CHANGE IN COURSE CIS 1130 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 type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite   | <input type="checkbox"/> Corequisite | _____                                   | _____                        | <input type="checkbox"/> and <input type="checkbox"/> or |
|                              |                                 |   |                                      | <small>Subject</small>                  | <small>Course Number</small> |  |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite   | <input type="checkbox"/> Corequisite | _____                                   | _____                        | <input type="checkbox"/> and <input type="checkbox"/> or |
|                              |                                 |   |                                      | <small>Subject</small>                  | <small>Course Number</small> |  |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite   | <input type="checkbox"/> Corequisite | _____                                   | _____                        | <input type="checkbox"/> and <input type="checkbox"/> or |
|                              |                                 |   |                                      | <small>Subject</small>                  | <small>Course Number</small> |  |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input checked="" type="checkbox"/> Other restrictions (e.g., Senior Standing, Instructor Approval) |                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  | If yes, please list below:                               |

Remove from course description in catalog "Credit may not be applied to any Florida Tech degree". Add "CL" to the end of description in the catalog.

**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.

[Signature] 8/21/09  
Originator Date Chair, Graduate Council Date

[Signature] 8/21/2009 OR  
Department Head/Program Chair Date

[Signature] 8/21/09  
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

**CATALOG DIRECTOR'S USE ONLY**

SCACRSE \_\_\_\_\_ SCADETL \_\_\_\_\_ SCAPREQ \_\_\_\_\_ SCABASE \_\_\_\_\_ SCARRRES \_\_\_\_\_  
 Operator Init \_\_\_\_\_ Date \_\_\_\_\_

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