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 Science

DEPARTMENT: Chemistry

REQUESTS:

THE REQUEST IS FOR CHANGE IN COURSE

Prefix: CMH
Number: 1091
Course Title: Nanoscience/Nanotechnology Laboratory

TO BE INCLUDED IN 2016/2017 CATALOG AND EFFECTIVE IN THE BANNER SYSTEM FOR SPRING 2015 TERM.

Effective: September must be a future term for which registration has not begun. Catalog year will be the next printed edition. Earlier terms/years will not be processed.

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 course listed above? □ Yes □ No

If yes, please check all that apply:

□ Addl □ Remove □ Prerequisite □ Corequisite

Prefix Number □ and □ or

Prefix Number □ and □ or

Prefix Number □ and □ or

Prefix Number □ and □ or

□ Addl □ Remove □ Other Restrictions* □ Yes □ No

*Other restrictions may include changing the grades applied to the course (D/F, S/U, A-C, CEU), majors or class levels restricted from registration, or other restrictions.

Remove requirement of "Freshman status or instructor approval." This requirement is no longer desired since the course is now part of nanotechnology minor program. Many students begin this minor in their sophomore year and want to take the CHM 1091 course. We always allow them to join the class so there is no need for instructor approval.

APPROVALS: Once appropriate department approvals are completed, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for signatures below and forward to Catalog Director.

1) [Signature] 10-10-14

Department Head/Program Chair Date

Dean or Associate Dean Date

CATALOG DIRECTOR'S USE ONLY

SCARCSE __________________ SCADETL __________________ SCAPREQ __________________
SCARASE __________________ SCARIES __________________ Operator Initials __________________ Date __________________

DISTRIBUTION

Original – Registrar
Copy – Academic Unit

Florida Institute of Technology • Office of the Registrar
150 West University Boulevard, Melbourne, FL 32901-6975 • (321) 674-8114 • Fax (321) 674-7827
ROR 115711