

GRADUATE COURSE CHANGE OR DELETION REQUEST

Return original to:

Division of Research and Graduate Studies
Thomas Administration Building, Room 130
Mail Stop TA 51

Graduate Program: _____
Department: _____
Contact Person: _____
Phone: _____
E-mail: _____
Effective Term/Year: _____

1. **PURPOSE OF FORM:** To propose revision or deletion of an existing graduate course. *If you wish to propose a new course, or a conversion of a topics course, or make substantial changes to an existing course, use the "New Graduate Course Request" form. If you wish to change Mode of Instruction to Online, use the "Proposal to Change Mode of Instruction to Online for Multi-Mode and Web-Based Courses" form.*

2. PURPOSE OF YOUR REQUEST:

a. Course Revision. (check all that apply)

Subject/Catalog Number	Description	Course Classification Number (C/S)
Title	Units	Mode of Delivery
Prerequisite	Grading Basis	

(Complete items 3, 4, and 5 below)

b. Course Deletion. Check here: (Complete items 3 and 5 below)

3. COURSE INFORMATION PRIOR TO REVISION:

Prefix/ Catalog Long Course
Subject _____ Number _____ Title _____ Units _____

Attach a copy of the entire page on which this course appears in the current University Catalog. Highlight the course with a yellow marker.

4. REVISED COURSE INFORMATION:

Prefix/ Catalog Long Course
Subject _____ Number _____ Title _____ Units _____

Short Title (16 spaces only) _____

Grading Basis (Letter, CR/NC, SP, Mixed) _____

Mode of Delivery (check one): Lecture Seminar Supervision

Multi-mode/Web-based (use "Proposal to Change Mode of Instruction to Online for Multi-Mode and Web-Based Courses" form)

Course Classification (C/S#) _____

Using a xerographic catalog copy of this course, cross out wording to be deleted. Type new language in the margins. If there is not sufficient space to type lengthy additions, designate inserts (a, b, c, etc.). Attach fully typed language for each insert on an additional sheet. **Do not exceed 40 words in the course description.**

5. JUSTIFICATION: Explain on an attached sheet why the proposed change is needed. If the change is a part of a series of proposed changes in related courses, please elaborate. In addition, if the proposed change entails a change in units or a significant modification in terms of method of delivery, special facilities, library resources, technical assistance, or other costs, please furnish details.

6. CONSULTING SIGNATURES (if required)

Signatures must be obtained from those departments potentially affected by the proposed change(s).

I have read the proposal and support the proposed change(s).

Yes No

If no, please explain your concern (s):

Department Chair (of department being consulted)

 Department

 Department

 Department Chair (typed name)

 Department Chair (typed name)

 Department Chair Signature

 Department Chair Signature

 Date

 Date

7. REQUIRED SCHOOL SIGNATURES (verifies proposal has been approved)

Graduate Program Coordinator

 Typed Name

 Signature

 Date

Department Chair

 Typed Name

 Signature

 Date

School Curriculum (or Credential) Committee Chair (if applicable)

 Typed Name

 Signature

 Date

School Dean

 Typed Name

 Signature

 Date

- For committee use only -

**UNIVERSITY GRADUATE COMMITTEE/GRADUATE CURRICULUM
SUBCOMMITTEE REVIEW RECOMMENDATION:**

Request Approved

Request Denied

Request Deferred

Date of Action

Explanation:

Recommendation approved by:

Dean, Research and Graduate Studies/or designee

Typed Name

Signature

Date