

nor Change requests directly to the
e s approval (Please send informational e-copy
ce

SUBMITTED BY:

Department

P

CRCD

Prepared
by

907 474 6842

Email
Contact

@

F cul y C nt ct

Cathy Brooks

1. COURSE IDENTIFICATION:

p

COURSE TITLE

2. ACTION DESIRED: Indicate what is changing with an "X" or checkmark:

NUMBER

TITLE

DESCRIPTION

PREREQUISITES

FREQUENCY OF OFFERING

CROSS-LISTED

(Requires approval of both departments and deans
involved. Add lines at end of form for such
signatures.)

5. IS THIS COURSE CURRENTLY CROSS-LISTED?

YES/NO **NO** If Yes, DEPT **NUMBER**

(Requires written notification of each department and dean involved Attach a copy of written notification.)

D IMPACT

IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY ETC

*Will I be affected by this proposed action?
If so, which departments contacted (e.g., email memo)*

O C O STED

The purpose of the department and campus-wide curriculum committees is to scrutinize course change applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you drop a prerequisite, is it because the material is covered elsewhere? Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the course is not compromised as a result.

APPROVALS: Add signat

Signature Chair
Program/Department of

DA SR

Signature Chair College/School
Curriculum Council for

Signature Dean
College/School of

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE

Received Registrar's Office