Drop/Revise Course

___ Drop Only

Course Number/Name:

Reason:

---

Revise Course (only include new data)

Effective Semester:

Course Number:

Course Title:

Update Cross-Reference:  ___ Cancel  ___ Add

Course Number/Name:

Reason:

Course Level:  ___ Lower Level Undergraduate

___ Upper level Undergraduate

___ Masters

___ Professional

Semester Hours:  ___ Arranged  ___ Not Arranged

Hours:  ___1  ___2  ___3

Special Grading:  ___ No  ___ Yes

Explain:

Is Course Repeatable?  ___ No

___ Yes – Uncapped  ___ Yes – Capped

This course may be taken ___ times.  Or

This course may be taken up to a total of ___ semester hours.
Prerequisites

Prerequisite Courses:

Co-requisite Courses:

Requirements:

Recommendations:

Additional Information (must be completed)

Rationale (reason) for Request:

New Course Support Resources: