

# 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