Course Update Form

School	Degree/Certificate	Subject Area	Course Number

Change			Effective Term		
□ New Course	□ Modification	□ Deletion	□ Fall 2025	□ Spring 2026	□ Summer 2026
			_____		

Justification for Change

Short Course Title (30 Characters):	Long Course Title:

Consent Required	Repeat for Credit	Cross-listed	List cross-listed courses
□ Yes □ No	□ Yes □ No	□ Yes □ No	

Credit Hours	Topics Course	Topic (if topics course):
	□ Yes □ No	

Grading Basis	Component	Semester Offered	Frequency Offered
□ P/NP □ Letter Grade □ S/U □ Non-Graded □ Honors/Pass/Fail(TCOM) □ _____	□ Lecture □ Clinical □ Lecture/Lab □ Practicum □ Research □ Seminar □ Independent Study □ _____	□ Fall □ Spring □ Summer □ _____	□ Every Year □ Every Odd Year □ Every Even Year □ _____

Campus	Enrollment Capacity
□ Main Campus □ Internet	
Is this an elective course? Yes No	

Prerequisite(s):

*Insert if modification is needed.

Course Description:

Proposal Submitted By:

_____   _____   _____
Typed Name   Signature   Date

Department Chair or Designee:

_____   _____   _____
Typed Name   Signature   Date

Chair, Curriculum Committee or Designee:

_____   _____   _____
Typed Name   Signature   Date

Dean of College or Designee:

_____   _____   _____
Typed Name   Signature   Date