

Curricular Change Form (v1.7)

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| College | Department (Subject Code) & Course Number | Effective Semester and Year |
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TYPE OF ACTION (Check one)

|  |  |  |
| --- | --- | --- |
| New Course[ ]  | Delete Course[ ]  | Change Existing Course[ ]  |

If changing an existing course, then indicate type of change (Check all that apply):

Credits [ ]  Prerequisite [ ]  Description [ ]  Course Number [ ]

Title [ ]  Cross-Listing [ ]  Frequency [ ]  Method of Instruction [ ]

Current Status of Course (OLD)

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| Credits:      Course Number:      Title:      Frequency of Offering  Gen Ed course?  Diversity course?  Community-Based Learning course? Prerequisites:      Description in Current Catalog: (Leave Blank if New Course)      |

New or Changed Course (NEW)

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| Credits:       Course Number:      Title:      Frequency of Offering  Default Class Capacity    Seeking Gen Ed status?  Seeking Diversity status?  Seeking Community-Based Learning status? Does course count as a retake of a previous UWP course?   If yes and different course, which course (what years/terms, dept/course number/section, title)?      Is course cross-listed? . If yes and different course, which course (department/course number)?      Is course a repeatable course for credit? . Does it require a different topic to be eligible for repeat for credit? .Method of Instruction: Prerequisites:      Description of New or Changed Course:       |

**Rationale for Approval**: Briefly provide justification for the new course or the intended change(s). What role will the new or modified course play in the program and/or in other programs in the university? If a new course, has the course been “tried out” as a Special Topics offering? Does the course duplicate (wholly or in large part) offerings in other programs, and, if so, explain why this course is needed? (Note, these other departments should be notified in advance of this potential conflict.) **Attach course syllabus to the original of this form if course is new, substantially modified, or changing method of instruction. Please note that based on university policy all courses requesting to be offered in hybrid/blended format must indicate the percentage of online vs face to face in the syllabus.**

**Department Impact:** Does this action affect or impact directly any other program or department? (For example, is the course a prerequisite or an elective in another program; or cross-listed with another department; or part of a major, minor, or certificate?)

If yes, indicate the affected department(s) and obtain the signature(s) of the chair(s)/program director(s):

Department(s):

Signature(s) and Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Signatures and Routing: (Please sign and date)**

Department or Program Chair: ­­­­­­­­­­­ ­­­Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Dean: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

CCC Chair: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Provost: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Registrar: Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_