

Department Name and Number _____	
Current SCNS Course Identification	
Prefix    ___    ___    ___    Level    ___    Course Number    ___    ___    ___    Lab Code    ___	Course Title    _____
Effective Term and Year    _____	Terminate Current Course <input type="checkbox"/> Other Changes (specify below) <input type="checkbox"/>

Change Course Identification to:	
Prefix    ___    ___    ___    Level    ___    Course Number    ___    ___    ___    Lab Code    ___	Full Course Title    _____
Transcript Title (please limit to 21 characters)    _____	

Credit Hours: From ___ To ___	Contact Hours: <input type="checkbox"/> Base or <input type="checkbox"/> Headcount    From ___ To ___
Rotating Topic: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no	S/U Only: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no
Variable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ___ minimum and ___ maximum credits/semester	Repeatable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____ total repeatable credit allowed

Prerequisites	Co-requisites
From _____ To _____	From _____ To _____

Course Description (50 words or less; if requesting a change, please attach a syllabus)	
From _____	To _____

Rationale /Place in Curriculum/Impact on Program
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Department Contact	Name _____	Phone _____	Email _____
College Contact	Name _____	Phone _____	Email _____