

# UCC2: Course Change Transmittal Form

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