

UCC2: Course Change Transmittal Form

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

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|--|
| Rationale /Place in Curriculum/Impact on Program |
|--|

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|--------------------|------|-------|-------|
| Department Contact | Name | Phone | Email |
| College Contact | Name | Phone | Email |