



Curriculum Committee  
Existing Course  
Modification/Inactivation/ Reactivation  
Form

Date Changes are Requested to go into Effect Catalog Year: \_\_\_\_\_

**\*Please note proposals/changes need to be approved by April 1<sup>st</sup> of each year to ensure that they make it into the upcoming catalog**

**Purpose:**

To modify an existing course (title, numbering, course description, credit hours), inactivate an existing course, or reactivate a course that used to be in the catalog.

**Instructions:**

- Complete the entire form below. One form must be filled out for each course that is being changed or deleted.
- If the course change affects a degree/major/minor/concentration checklist(s), please submit a "Major/Minor/Concentration Change" form and updated checklist(s) with this form.
- If the course change affects another department, the proposer should contact the chair of that department and attach email correspondence to show communication and collaboration.
- If more room is needed, please add an addendum and clearly identify which item is continued.

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Department: \_\_\_\_\_

Department Chair Signature (e-signature is acceptable): \_\_\_\_\_

Have you spoken with your entire department before submitting this proposal to ensure you are on the same page? Check one:            YES            NO

A. What is the course? Please provide the current code prefix, current number, and current full title in the college catalog.

B. Is this course being modified, inactivated, or reactivated? Check one.

Modified (if this is checked, please only answer question 1 and then proceed to question C)

Inactivated (if this is checked, please answer questions 1 and 2 and then **do not** fill out the rest of the form)

Reactivated (if this is checked, please skip questions 1 and 2 and proceed to question C)

1. Is this course currently approved for the *Compass Curriculum*? Check one:

YES            NO

If YES, please provide email to the Director of the Compass Curriculum to indicate notification of your intention to modify or inactivate. Submit email correspondence with this form to show communication and collaboration.

2. Will this inactivation impact current students? Check one:            YES            NO

C. What is the reason for the change?

D. Fill out ONLY what you would like changed.

	Current	Proposed
<b>Course Number</b>		
<b>Semester Credit Hours</b>		
<b>Long Title for Catalog</b>		
<b>Short Title for Transcripts (30 character limit)</b>		
<b>Pre-requisites</b>		
<b>Co-requisites</b>		
<b>*Instructional Method Code</b>	DS = Directed Studies HON = Honors Course LAB = Lab MUS = Music Studio Lesson SEM = Seminar STDA = Study Abroad UNRE = Undergraduate Research	FLDWK = Fieldwork IN = Internship LEC = Lecture PR = Practicum ST = Special Topics STU = Studio
<b>**Semester Rotation Sequence Code</b>	FA = Fall FSP = Fall and Spring SP = Spring SU = Summer	FS = Fall and Summer FSS = Fall, Spring, and Summer SS = Spring and Summer WI = Winter
<b>***Yearly Rotation Sequence Code</b>	ALT = Offered every other year E3YR = Offered every three years OCC = Offered occasionally ROT = Offered in a different but systematic rotation YR= Offered every year	
<b>****Schedule Type Code (leave blank if not sure)</b>	AM = usually offered in the morning PM = usually offered in the afternoon EVE = usually offered in the evening	
<b>Catalog Course Description (2-3 sentences maximum; use third person)</b>		

E. This form must be submitted to the Curriculum Committee. Signatures below are required for approval. E-signatures are acceptable

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Chair of the Curriculum Committee, Signed

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Provost and Dean of the College, Signed

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Registrar, Signed

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Date