

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) _____	
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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 _____