

**Curriculum Committee**
**Course Modification/Drop Form**

(duplicate on yellow paper)

**Curriculum Document Number**




Agenda Item No.

Month

Year

(for committee use only)

Proposed Action:

End/change Effective Date:

Initiated by:

 \_\_\_\_\_  
 Signature of full-time faculty member

Date:

*List the names and titles of representatives of your department, other affected departments and programs, and your advisory committee members with whom you have shared this proposal.*

**Program Impact:**

**List Programs Impacted:****Course Information**
**Current Course Information**
**New Course Information**

Course Prefix/Course Number



Course Title



Prerequisites:

 (required blocks  recommended registration)

 required



Lecture/Lab hours per wk: Cr. hrs.



Course Description for catalog and official course outline.

|   |  |  |
|---|--|--|
| Course Title  |  |  |
| Lab fee (changed at March Board of Trustees meeting only) |  |  |
| Class size limit (with rationale)                         |  |  |
| Reason for proposed changes                               |  |  |

## Signatures Required

\_\_\_\_\_  
Coordinator/Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Curriculum Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Academic Affairs

\_\_\_\_\_  
Date