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|  | **Request for Change**  *In Existing Course* | Click or tap to enter a date. |
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| **Form Instructions:**  Complete and print on the front and back of **YELLOW** paper; the form fields will expand to meet your needs. Forward completed form to the appropriate persons for their Approval/Denial in the order indicated below. Once Approval is received from the Graduate Council, submit electronically to [curriculum@selu.edu](mailto:curriculum@selu.edu); original to Chair, University Curriculum Council. | | |

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| Submitted by College of:  Choose an item. | | | | | Department offering course:  Choose an item. | | | | | | |
| Request Summary (used to create UCC agenda—one or two sentences only): | | | | | | | | | | CIP code (nn.nnnn):  **IR use only.** | |
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| Current Prefix: | Current Number: | | Current Component:  Choose an item. | | | Current Faculty Contact:        hours | | Current Faculty Workload:        hours | | | |
| Proposed Prefix: | Proposed Number: | | Proposed Component:  Choose an item. | | | Proposed Faculty Contact:        hours | | Proposed Faculty Workload:        hours | | | |
| Current Course Title: | | | | | Proposed Course Title: | | | | | | |
| Current Course Prerequisite(s): | | | | | Proposed Course Prerequisite(s): | | | | | | |
| Current Description: | | | | | Proposed Description: | | | | | | |
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| Complete, updated course description as it will appear in the back of the catalog: | | | | | | | | | | | |
| Page numbers affected in the printed catalog (include year): | | | | | | | | | | | |
| Does this course appear in the 4-year layout or a footnote for the 4-year layout for any undergraduate degree program? Yes  No  Does this course appear in the course requirements for any graduate degree program? Yes  No  If yes to either, please list the degree program(s) here: | | | | | | | | | | | |
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| What program assessment results have prompted the need to change this course? Reference specific departmental goals, outcomes (by year) and action plans that address this need. | | | | | | | | | | | |
| What other reason(s) has prompted the need to change this course? | | | | | | | | | | | |
| What is the anticipated time investment of a student both in and out of the classroom in order for the student to achieve the learning outcomes for the course (see Credit Hour Policy)? | | | | | | | | | | | |
| Council for Teacher Education approval needed? (Yes if any of the below are met):   * This change affects any education undergraduate degree, graduate degree or certification program and/or * This change affects components of electronic portfolios or any aspect of the assessment system and/or * This change affects competency-based clinical practice of any type reported by education majors | | | | | | | | | | | Yes  No |
| Departments/colleges that could be affected by proposed change: | | | | | Have these departments/colleges been notified of the proposed change? Yes  No  Not Applicable | | | | | | |

*\*\*ATTACH COPY OF PAGE IN CURRENT CATALOG THAT CONTAINS THE COURSE TO BE CHANGED WITH CLEAR INDICATIONS OF HOW THE COURSE IS TO BE CHANGED\*\**

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| **Approval/Denial of Change in Existing Course - Secure Signatures in following order** |

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| **1.** | Approved  Denied | Chair,  Dept/Program Curriculum Committee: | Date: |
| **2.** | Approved  Denied | Department Head: | Date: |
| **3.** | Approved  Denied | Chair,  General Education Assessment & Innovation Committee: | Date: |
| **4.** | Approved  Denied | Chair,  College Curriculum Committee: | Date: |
| **5.** | Approved  Denied | College/School Dean: | Date: |
| **6.** | Approved  Denied | *(if applicable)*  Chair, Teacher Education Council: | Date: |
| **7.** | Approved  Denied | *(if applicable)*  Dean of Education: | Date: |
| **8.** | Approved  Denied | *(if applicable)*  Chair, Graduate Council: | Date: |
| **9.** | Approved  Denied | Chair,  University Curriculum Council: | Date: |
| **10.** | Approved  Denied | Provost: | Date: |
| **11.** | Record Complete | AVP for Academic Programs: | Date: |

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| **Reason for Denial:** |
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