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|  | **Request for Change***In Existing Course* | **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; original to Chair, University Curriculum Council.  |

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| Submitted by College of:      | Department offering course:      |
| Request Summary (used to create UCC agenda—one or two sentences only):       | CIP code (nn.nnnn):**IR use only.** |
|  |  |  |  |  |
| Current Prefix:      | Current Number:      | Current Component:      | Current Faculty Contact:      hours | Current Faculty Workload:       hours |
| Proposed Prefix:      | Proposed Number:      | Proposed Component:      | 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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