

**Course Change Form**

Course changes include revisions to department responsibility, course code, title, calendar description, prerequisites, course restrictions (including instructor consent), credit weighting, grade scheme and incorporating course content from a deleted course. If the course change is due to credit weight change or the deletion of another course, please provide a course outline which justifies the credit weight change or includes the content/material for the deleted course.

**Department/School/Program responsible for course:** \_\_\_\_\_

**Course Code and No. (i.e. UNIV\*6000):** \_\_\_\_\_ **Proposed Course Code and No.:** \_\_\_\_\_

**Current Title:** \_\_\_\_\_

**Proposed Title:** \_\_\_\_\_

**Short Title (30 characters max)** (This is the title that will appear on the student's official transcript.): \_\_\_\_\_

**Semester(s) Offering:**  F  W  S  U

Do you wish the semester designation to be printed in the Calendar?  Yes  No

**Placement in calendar (Indicate subheading under which course is to be listed if applicable):** \_\_\_\_\_

**Prerequisite(s):** \_\_\_\_\_

**Mandatory Co-requisite(s):** \_\_\_\_\_

**Other Restrictions:** \_\_\_\_\_

**Lecture Hours/Week:** \_\_\_\_\_ **Laboratory or Tutorial Hours/Week:** \_\_\_\_\_

**Offered by distance:**  Yes  No

**Total Contact Hours/Week:** \_\_\_\_\_ **Total Student Time & Effort on Course/Week:** \_\_\_\_\_

**Scheduling:**  Annually  Alternate years

**Current Credits:** \_\_\_\_\_ **Proposed Credits:** \_\_\_\_\_

Credit Guidelines: Choose only one. If proposed credits do not conform to guidelines, attach a full explanation.

0.0 (Seminar-type courses, unless a higher rating is justified and approved)

0.25 (Half-semester courses, including six-week courses, unless contact hours & workload is doubled in the six-week period)

0.5 (Semester courses, usually given throughout one semester) (student time & effort on task = approximately 10-12 hours per week) 1.0 (Double courses, including two semester courses, typically major paper courses)

**Instructor's signature required:**  Yes  No

**Designated as a two-semester course with students registering in each semester.** Students receive INP (in progress) at the end of the first semester and a grade at the end of the second semester.  Yes  No

**Designated as a multiple-semester course:** Is this course designed to require more than one semester for completion, with student registering in each semester with one grade at the end?  Yes  No

**Maximum number of times a student may take this course:**  Once Only  Twice Only  Unlimited

**Current Grade Scheme:**  Numeric  SAT/UNS (reserved for seminar or practical courses only)

**Proposed Grade Scheme:**  Numeric  SAT/UNS (reserved for seminar or practical courses only)

**Calendar description** Copy the current calendar description into a blank MS Word or Word Perfect file. Edit to 10pt font. Bold any text to be added to the description and use the single strikethrough formatting for text to be deleted. From MS Word or Word Perfect, copy the revision into the box below. *Please ensure the course description is grammatically correct (i.e. is formatted in complete sentences.) 45 words or less:*

**Proposed Revisions and Reason for Revisions:**

(Brief rational and point form is acceptable for this section)

Course outline reflecting proposed changes submitted with course change form.

**Faculty responsible for the course:** \_\_\_\_\_

**Signature Approval of Chair or Graduate Coordinator:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_