

**Course Modification Request**

* Highlight the checkboxes and replace with a X as appropriate.
* Insert responses as appropriate to each prompt as directed.

**[ ]  Course Change** **[ ]  Course Inactivation (In case of a course inactivation, do not**

 **fill out the TO section.)**

**Reason for Change** (Include information such as how this change will improve student success, whether the change is mandated by state or regional requirements such as C-ID, how the change will affect degrees, certificates, and pathways, and any other relevant information)

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**INSERT THE CURRENT FACE PAGE FOR YOUR COURSE HERE. THIS SERVES AS THE “FROM” PORTION OF THE MODIFICATION REQUEST. PLEASE NOTE THAT CHANGES TO OBJECTIVES, TEXTBOOK, COURSE CONTENT, OR OTHER AREAS NOT INCLUDED ON THIS FORM FOLLOW A DIFFERENT APPROVAL PATHWAY AND DO NOT USE THIS FORM.**

**To** (insert only changes requested)

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| --- | --- |
| **Subject:** (5 alpha limit) |   |
| **Number:**(5-character limit) |  |
| **Course Title:**(65-character limit) |   |
| **Discipline:**  |  |
| **Program of Study:**  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Hours & Units:** (per week, based on a term of 18 weeks) | **Lecture:**(round to .5) |  | **Laboratory:**(round to .5) |  | **Unit Min:** |  |
| **Unit Max:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Standard Lecture Hour:** |  | **Class Size Maximum:** |  | **Materials Fee:** |  |
| **Grading:** |  |  |  | **Credit Status:** |  |
| **TOP Code:** |  | **SAM Code:** |  | **CIP Code:** |  | **SOC Code:** |  |

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| --- | --- |
| **Prerequisite**  |   |
| **Corequisite**  |   |
| **Recommended Preparation**  |   |
| **Limitation on Enrollment** |  |

**Catalog Description**

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| These are the names of the processors of this document. They acknowledge and understand that all information here is complete and correct and each individual has reviewed and supports this change request.  |
| **Faculty Author:** |  | Date: |  |
| **Full-Time Faculty in Discipline (Full-time faculty in the discipline other than the person submitting this document, if any, must sign)** |  | Date: |  |
| **Area Dean:** |  | Date: |  |
| **Financial Aid (If units/hours change):** |  | Date: |  |
| **Articulation Officer:** |  | Date: |  |
| **Curriculum Chair** |  | Date: |  |

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| Process Approvals |
| Curriculum Committee Approval Date |  |
| Vice President AA Approval Date |  |
| Board of Trustees Approval Date |  |
| Proposed Start Date |  |