

**Course Modification Request**

**Course Title:** (Please list the 4-letter subject followed by the number as well as the full title of the course)

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**[x]  Course Change** **[ ]  Course Inactivation**

A copy of the Course Outline of Record (COR) should be attached and sent in with this Course Modification form.

**New COR Attached? [ ]  Yes [ ]  No**

**Reason for Change** (Please check all that apply)

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|  | **Face Page Changes** |  |  | **Student Learning Outcomes** |  |  | **Objectives** |
|  | **Course Content** |  | **Methods of Instruction/Evaluation** |  | **Assignments** |
|  | **C-ID Changes** |  | **Textbook**  |  | **Requisites (Pre/Co)** |

**Please indicate below what specific changes were made for review and/or any other reason not listed:**

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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 |  |