

Request for A Revised Course

Valdosta State University

Date of Submission:

Department Initiating Request:

Faculty Member Requesting Revision:

Current Course Prefix and Number: Current Credit Hours:

Current Course Title:

Type an 'X' for all that apply: Revised Title Revised Course Number Other
 Revised Credit Hours Revised Course Description

Semester/Term/Year to be effective:

Estimate Frequency of Course Offering:

Indicate (by typing an 'X') if Revised Course will be Requirement for Major Elective Course

=====For the following items, type an 'X' and complete only those items being revised.=====

Revised Course Prefix and Number:

(See Course Designation Abbreviations in the Catalog for approved prefixes.)

Revised Course Title:

Revised Course Title Abbreviation (for Student Transcript) Limited to 30 characters and spaces:

Revised Total Contact Hours:

Revised Lecture Hours: Revised Lab Hours: Revised Credit Hours:

Revised Course Description & Justification

Continue with Justification on the back if necessary.

Approvals are to be noted on the back.

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Approvals:

Department Head(s) Date

Dean(s)/Director(s) Date

College Executive Committee Date

Graduate Executive Committee Date

Academic Committee Date