REQUEST FOR A REVISED COURSE Valdosta State University		
Date of Submission: (mm/dd/yyyy)		
Department Initiating Revision:	Faculty Member Requesting Revision:	
Current Course Prefix, Title, & Number: (See course description abbreviations in the catalog for approved prefixes)		
List Current and Requested Revisions: (only fill in items needing to be changed)		
Current:	Requested:	
Course Prefix and Number:	Course Prefix and Number:	
Credit Hours:	Credit Hours:	
Course Title:	Course Title:	
Prerequisites:	Prerequisites:	
Co-requisites:	Co-requisites:	
Course Description:	Course Description:	
Semester/Year to be Effective:	Estimated Frequency of Course Offering:	
Indicate if Course will be : Requirement for Major Elective		
Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data. Improving student learning outcomes: Adopting current best practice(s) in field: Meeting Mandates of State/Federal/Outside Accrediting Agencies: Other:		
Source of Data to Support Suggested Change: Indirect measures: SOIs, student, employer, or alumni surveys, etc.		
 Direct measures: SOIs, student, employer, or authin surveys, etc. Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) 		

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

Indirect measures: SOIs, student, employer, or alumni surveys, etc.

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.)

Approvals:	
Dept. Head:	Date:
College/Division Exec. Comm.:	Date:
Dean/Director:	Date:
Graduate Exec. Comm.:	
(for graduate course)	Date:
Graduate Dean:	
(for graduate course)	Date:
Academic Committee:	Date:

Form last updated: January 6, 2010