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**APPLICATION FOR APPROVAL**

**OF THE COURSE CHANGE**

The Graduate School

Date:

Official Submitting Application:

Department:

1. **COURSE AS IT PRESENTLY APPEARS:**

Course Number: Course Hours:

Course Title:

1. **DISCONTINUED COURSE:** Indicate N/A if not applicable.
2. **TYPE OF CHANGE:** Indicate N/A where not applicable.
	1. Course Title:
	2. Title Abbreviation:

(Note: Titles longer than 25 characters must be abbreviated to no more than 25 characters, exclusive of cross listing notations, for computer printouts from LOCUS. Count spaces and punctuation marks into total. Please limit punctuation to colons, ampersands (&), and dashes, if

possible.)

* 1. Course Number:
	2. Credit Hours:
	3. Course Description:
	4. Cross-Listings:

NOTE: All cross-listings must be approved by the chairperson(s) of the cross-listed department(s)

and any cross-listing here should be seen as permanent.

Department: Course Number:

Department: Course Number:

Signature(s) of

Concurring Chairperson(s): Date:

* 1. Other (please specify):
1. **INSTRUCTION MODE:INSTRUCTION MODE:**

   

1. **REASON FOR PROPOSED CHANGE:** (Please describe.)
2. **DATE/TERM THIS CHANGE BECOMES EFFECTIVE:**
3. **SIGNATURE:**

Chairperson: Date:

Return to **The Graduate School Dean, Granada Center, Room 400**