

# The University Of Toledo

## Existing Undergraduate Course Modification Form

\* denotes required fields

Contact Person\*:  Phone:  (xxx - xxxx) Email:

### Present

### Proposed

Supply all information asked for in this column.

Fill in appropriate blanks only where entry differs from first column.

College\*:   
Dept/Academic Unit\*:   
Course Alpha/Numeric\*:  -

College:   
Dept/Academic Unit:   
Course Alpha/Numeric:  -

Course Title:

Course Title:

Credit hours: Fixed:  or Variable:  to

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CrossListings:

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Prerequisite(s)(If longer than 50 characters, please place it in Catalog Description):

Prerequisite(s)(if longer than 50 characters, please place it in Catalog Description):

Corequisite(s)(if longer than 50 characters, please place it in Catalog Description):

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Catalog Description (only if changed) 75 words max:

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Course Type:  
 General Education  Writing Intensive(WAC)  Honors  Academic Engagement  Research Intensive  None of the above

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 General Education  Writing Intensive(WAC)  Honors  Academic Engagement  In

Inclusion in the Ohio Transfer Policy:  
 CTAG  TAG  Advanced Placement  CLEP  Transfer Module  None of the above

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 CTAG  TAG  Advanced Placement  CLEP  Transfer Module  None of the above

Delivery Mode: **Primary**  
Activity Type:   
Minimum Credit Hours:   
Maximum Credit Hours:   
Weekly Contact Hours:

Delivery Mode: **Primary**  
Activity Type:

Delivery Mode: **Secondary**  
Activity Type:   
Minimum Credit Hours:   
Maximum Credit Hours:   
Weekly Contact Hours:

Delivery Mode: **Secondary**  
Activity Type:

Delivery Mode: **Tertiary**  
Activity Type:   
Minimum Credit Hours:   
Maximum Credit Hours:   
Weekly Contact Hours:

Delivery Mode: **Tertiary**  
Activity Type:

If the course meets one of the above course types, the attached syllabus must meet the established guidelines. (Guidelines are available in [Faculty Senate Website](#)). The research Intensive criteria is in [Undergraduate Research website](#)

**Reason for change\***

DELETE UPPER DIVISION STATUS DUE TO PROGRAM CHANGE WHICH WAS APPROVED LAST ACADEMIC YEAR. THIS COURSE IS NOW IN THE PREPROFESSIONAL SEQUENCE.

If course content is changed, give a brief topical outline of the revised course below (Less than 1500 words).

Proposed Effective Term\*

e.g. 201140 for 2011 Fall

Attach a syllabus or an electronic copy of outline:

A course syllabus needs the following information to insure compliance with the state. [Click Here](#) for a syllabus check list.

**Comments/Notes:**

PROGRAM CHANGE WAS APPROVED LAST ACADEMIC YEAR. THIS COURSE IS NOW IN THE PREPROFESSIONAL SEQUENCE.

**Rationale:**

**Approval:**

Department Curriculum:

Date



Department Chairperson:

Date



College Curriculum Authority or Chair:

Date



College Dean:

Date



F.S. Undergrad. Curriculum Committee.:

Date



F.S. Core Curriculum Committee Chair.:

Date



F.S. Research Intensive:

Date



F.S. WAC/Honors/Academic Engagement:

Date



Office of the Provost :

Date



print

**Administrative Use Only**

**Effective Date:**   (YYYY/MM/DD)

**CIP Code:**

**Subsidy Taxonomy:**

**Program Code:**

**Instructional Level:**

**Registrar's Office Use Only**

**Processed in Banner on:**  

**Processed in Banner by:**

**Banner Subject Code:**

**Banner Course Number:**

**Banner Term Code:**

**Banner Course Title:**