

The University Of Toledo

Existing Graduate Course Modification Form

* denotes required fields

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

Present

Proposed

Supply all information asked for in this column. (Supply core, research intensive and transfer module info if applicable)

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

College*:

College:

Dept/Academic Unit*:

Dept/Academic Unit:

Course Alpha/Numeric*: -

Course Alpha/Numeric: -

Course Title:

Course Title:

Credit hours: Fixed: or Variable: to

Credit Hours: Fixed: or Variable: to

CrossListings:

CrossListings:

▲

▼

To add a course, type in course ID and click the Insert button.

To remove a course, select the course on left and click the Remove button.

▲

▼

To add a course, type in course ID and click the Insert button.

To remove a course, select the course on left and click the Remove button.

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

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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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Has course content changed?

Yes


No

If course content is changed, give a brief topical outline of the revised course below(less than 200 words)

Proposed effective term*: (e.g. 201140 for 2011 Fall)

File Type	View File
Syllabus	View

List any course or courses to be deleted.

Effective Date: 

Effective Date: 

Comments/Notes:

Rationale:

The current name is a typo. The current name gives both courses in the sequence.

Approval:

Department Curriculum Authority:	<input type="text" value="Trieu Le"/>	Date	<input type="text" value="2016/03/22"/>
Department Chairperson:	<input type="text" value="Donald B. White"/>	Date	<input type="text" value="2016/03/23"/>
College Curriculum Authority or Chair:	<input type="text" value="Michael Cushing"/>	Date	<input type="text" value="2016/04/19"/>
College Dean:	<input type="text" value="Karen Bjorkman"/>	Date	<input type="text" value="2016/04/19"/>
Graduate Council:	<input type="text" value="Constance Schall (GCEC 8.5.2016)"/>	Date	<input type="text" value="2016/08/09"/>
Dean of Graduate Studies:	<input type="text" value="Amanda Bryant-Friedrich"/>	Date	<input type="text" value="2016/08/10"/>
Office of the Provost :	<input type="text" value="marcia king-blandford"/>	Date	<input type="text" value="2016/08/11"/>

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:	MATH
Banner Course Number:	6610
Banner Term Code:	201640
Banner Course Title:	Statistical Consulting II