

APPROVED

University of Toledo

RECEIVED

Existing Graduate Course Modification Form

FEB 27 2013

Contact Person

Phone (XXX-XXXX)

COLLEGE OF GRADUATE STUDIES

Email

Present

Proposed

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

Cross Listings:

Cross Listings:

Prerequisites(s) (if more than 50 characters, please place it in Catalog Description)

Prerequisites(s) (if more than 50 characters, please place it in Catalog Description)

Co-requisites(s) (if more 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? If yes, give a brief topical outline of the revised course below (less than 1500 words)

Proposed Effective Term List any course(s) to be deleted Date
 Date

Attach new syllabus reflecting course modifications.

Attach additional documents if necessary.

Course Approval

Department Curriculum Authority	<input type="text" value="D. Seftner"/>	Date	<input type="text" value="2-6-13"/>
Department Chairperson	<input type="text" value="D. Seftner"/>	Date	<input type="text" value="2-6-13"/>
College Curriculum Authority or Chair	<input type="text" value="Michaeli-Malhi"/>	Date	<input type="text" value="2-6-13"/>
College Dean	<input type="text" value="Kend S. Lee"/>	Date	<input type="text" value="2-7-13"/>
Graduate Council	<input type="text"/>	Date	<input type="text"/>
Dean of Graduate Studies	<input type="text" value="Allison"/>	Date	<input type="text" value="3-19-13"/>
Office of the Provost	<input type="text"/>	Date	<input type="text"/>

For Administrative Use Only

Effective Date

CIP Code

Subsidy Taxonomy

Program Code

Instruction Level