

APPROVED

University of Toledo

RECEIVED

Existing Graduate Course Modification Form

FEB 7 2013

COLLEGE OF GRADUATE STUDIES

Contact Person

Phone (XXX-XXXX)

Email

Present

College

Dept/Academic Unit

Course Alpha/Numeric

Course title

Credit hours: Fixed or Variable: to

Cross Listings:

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)

Catalog Description (only if changed) 75 words max:

Proposed

College

Dept/Academic Unit

Course Alpha/Numeric

Course title

Credit hours: Fixed or Variable: to

Cross Listings:

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)

Catalog Description (only if changed) 75 words max:

Has course content changed?

No

If yes, give a brief topical outline of the revised course below (less than 1500 words)

Large empty rectangular box for course outline.

Proposed Effective Term

2013

40 (Fall)

List any course(s) to be deleted

Empty box for course(s) to be deleted

Date

Empty box for date

Empty box for course(s) to be deleted

Date

Empty box for date

Attach new syllabus reflecting course modifications.

Attach additional documents if necessary.

Course Approval

Department Curriculum Authority

D. Softner

Date

2-6-13

Department Chairperson

D. Softner

Date

2-6-13

College Curriculum Authority or Chair

Michael I. ...

Date

2-6-13

College Dean

Ann ...

Date

2-7-13

Graduate Council

Empty box

Date

Empty box

Dean of Graduate Studies

Allyson ...

Date

3-19-13

Office of the Provost

Empty box

Date

Empty box

For Administrative Use Only

Effective Date

Empty box

CIP Code

Empty box

Subsidy Taxonomy

Empty box

Program Code

Empty box

Instruction Level

Empty box