

APPROVED

University of Toledo

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FEB 12 2013

Existing Graduate Course Modification Form

COLLEGE OF GRADUATE STUDIES

Contact Person Phone (XXX-XXXX)

Email

Present

Proposed

College

Dept/Academic Unit

Course Alpha/Numeric

Course title

Credit hours: Fixed or Variable: to

College

Dept/Academic Unit

Course Alpha/Numeric

Course title

Credit hours: Fixed or Variable: to

Cross Listings:

Cross Listings:

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

C or higher in both ACCT 4120 and ACCT 3210

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

C or higher in both ACCT 3120 and ACCT 3210

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?

No

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

[Empty box for course outline]

Proposed Effective Term

2013

40 (Fall)

List any course(s) to be deleted

[Empty box]

Date

[Empty box]

[Empty box]

Date

[Empty box]

Attach new syllabus reflecting course modifications.

Attach additional documents if necessary.

Course Approval

Department Curriculum Authority

[Signature]

Date

2-6-13

Department Chairperson

[Signature]

Date

2-6-13

College Curriculum Authority or Chair

[Signature]

Date

2-6-13

College Dean

[Signature]

Date

2-7-13

Graduate Council

[Empty box]

Date

[Empty box]

Dean of Graduate Studies

[Signature]

Date

3-19-13

Office of the Provost

[Signature]

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]