

University of Toledo

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Existing Graduate Course Modification Form

FEB 12 2013

Contact Person

Phone (XXX-XXXX)

Email

COLLEGE OF
GRADUATE STUDIES

Present

College

Dept/Academic
Unit

Course Alpha/Numeric

Course title

Credit hours: Fixed

or Variable:

to

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:

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)

Proposed Effective Term

2013

40 (Fall)

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

Date

Department Chairperson

Date

College Curriculum Authority or Chair

Date

College Dean

Date

Graduate Council

Date

Dean of Graduate Studies

Date

Office of the Provost

Date

For Administrative Use Only

Effective Date

CIP Code

Subsidy Taxonomy

Program Code

Instruction Level