

APPROVED

University of Toledo

Existing Graduate Course Modification Form

Contact Person Phone (XXX-XXXX)
 Email

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:

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 JAN 22 2013
 COLLEGE OF
 GRADUATE STUDIES

Has course content changed? No Yes 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="Wendy Cochran Kelly"/>	Date	<input type="text" value="11/9/12"/>
Department Chairperson	<input type="text" value="Grant Belcher"/>	Date	<input type="text" value="11-13-2012"/>
College Curriculum Authority or Chair	<input type="text" value="Dale T. Smith"/>	Date	<input type="text" value="11/28/12"/>
College Dean	<input type="text" value="Barbara Bayan"/>	Date	<input type="text" value="11.28.12"/>
Graduate Council	<input type="text" value=""/>	Date	<input type="text" value="2-5-2013"/>
Dean of Graduate Studies	<input type="text" value=""/>	Date	<input type="text" value="2-5-2013"/>
Office of the Provost	<input type="text" value=""/>	Date	<input type="text" value=""/>

For Administrative Use Only

Effective Date

CIP Code

Subsidy Taxonomy

Program Code

Instruction Level