COURSE CHANGE / APPROVAL FORM

Clarkson™

School
Department _____

This form must be used for the approval of course additions, changes, or modifications. Please use one form per course.

See Operations Manual section 6.1 "Procedures for Academic Changes" [Operations Manual 6.0](#)

☐ **New Course Offering (Complete only for brand new courses) – ALL FIELDS REQUIRED**

Subject & Number: _____ Cross-listed Subject & Number: ☐ **N/A or** _____

Course Title/Instructor: _____

Course Description:

1. Is this course taught on-load by a full-time Clarkson faculty member? If not, describe the intended instructor funding source (e.g. grant, supplement, adjunct, etc.)?

2. Are there additional resources needed for this course (e.g. travel, supplies, equipment, etc.)?

Pre/Corequisites (if any) _____

Number of Credits: _____ Grading Basis: _____ When Offered: _____

Optional: Common Experience: ☐CSO ☐CGI ☐EC ☐IA ☐IG ☐STS ☐UNIV │ ☐C1 ☐C2 ☐TECH

☐ **Change a course currently on record (only complete those fields which are changing)**

Indicate course to be changed _____ (Incl. any cross-listings)

☐ Title _____

☐ Subject or Catalog Number _____   ☐ Grading basis

☐ Number of Credits _____   ☐ When offered

☐ Deactivate course   ☐ Reactivate course

☐ Prerequisite _____

☐ Corequisite _____

☐ Course equivalency _____
   (if 2+ departments are involved, both must sign)

☐ Course description (enter new description below):

Optional: Common Experience: ☐CSO ☐CGI ☐EC ☐IA ☐IG ☐STS ☐UNIV │ ☐C1 ☐C2 ☐TECH

APPROVALS

Department Chair/Director: _____ Date: _____

Equivalent Course Dept Chair (if any): _____ Date: _____

The Chair signature certifies compliance with credit-hour requirements as outlined in Clarkson Regulations II-D

School Curriculum Committee (if any): _____ Date: _____

Common Experience Committee: _____ Date: _____

Dean: _____ Date: _____

Budget/Resource Validation Review: _____ Date: _____