COURSE CHANGE / APPROVAL FORM

Division _____

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: Select When Offered: Select

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 Select

☐ Number of Credits _____ ☐ When offered Select

☐ 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

Division Head: _____ Date: _____

Equivalent Division Head (if any): _____ Date: _____

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

Common Experience Committee: _____ Date: _____

Dean: _____ Date: _____

Budget/Resource Validation Review: _____ Date: _____