Curriculum Action Change Request- Sul Ross State University

Choose ◯ **Alpine** ◯ **Del Rio** ◯ **Eagle Pass** ◯ **Uvalde** ◯ **Common Program**

Department **Date** **Submitted by**

Action ◯ Add ◯ Delete ◯ Change ◯ Archive

Proposed changes (check all that apply)

☐ Course Number ☐ Course Title ☐ Prerequisite

☐ Course Description ☐ Course Reinstatement ☐ Degree Title

COMPLETE THE FOLLOWING TO **DELETE OR CHANGE** A COURSE I

If deleting a course, is the course required on any degree plans currently in effect (degree plans are valid for six years)? YES ☐ NO ☐

If yes, how will you accommodate students on those plans that have not yet completed the course?

Course description as it appears in the **CURRENT catalog:**

Subject	Course No.	Complete Title	SCH	Lecture	Lab	Contact Hrs.
				☐	☐	

Course information the **CURRENT** state inventory: See www.txhighereddata.org/interactive/UnivCourse/

Subject	Course No.	Complete Title	SCH	Lecture	Lab	Contact Hrs.
				☐	☐	

COMPLETE TO **ADD OR CHANGE** A COURSE

Changing the course discipline and/or number will DELETE the old number and ADD a new course.

Course information as it **WILL** appear in the catalog:

Subject	Course No.	Complete Title	SCH	Lecture	Lab	Contact Hrs.
				☐	☐	

Instructional Type: PRL-Private Lesson

Grading Mode: D-Developmental

What is the expected number of hours per week that students will spend on assigned course work outside of class?

Short title of course for Banner (limited to 25 characters):

Complete course description:

Justification for change:

List prerequisites or type "None"

Is this course repeatable for additional credit? ◯ Yes ◯ No Repetition limitations

Is this course being submitted to the Curriculum Council for approval to fulfill a core curriculum requirement?

Yes ◯ No ◯

This action should be reflected in the University catalog beginning with the catalog year:

COMPLETE TO **ADD OR CHANGE** A PROGRAM TITLE

CURRENT PROGRAM TITLE:

PROPOSED CHANGE OF PROGRAM TITLE:

Justification for change (Describe why the change would be beneficial to students and/or the program.)

For change requests impacting specific courses in the Common Degree Plans submitted by only one of the co-coordinators, this section must be completed prior to council review.

Review and Comment on Common Degree Plan Proposal

Submited by:

Date:

APPROVALS

◯ Approved	◯ Not Approved	Department Chair	Date
◯ Approved	◯ Not Approved	Dean	Date
◯ Approved	◯ Not Approved	Curriculum Council	Date
◯ Approved	◯ Not Approved	EVPP	Date