

Course Outline Approval Form

ALL INFORMATION MUST BE ENTERED TO BE PROCESSED

Submission Date (mm/dd/yy) _____

Effective Term for Change

To be completed by the faculty. Check all that apply:

New or **Modified** **Required** or **Elective**

Cross-listed course

Existing Course # _____

(if new, completed by Scheduling Officer)

Complete this section for **MODIFIED** courses

Identify the modification(s), check all that apply:

Modification (Requires School Director AND College Curriculum Committee approval)

Course Title	Course Number	Prerequisite	Co-requisite	Enr. Requirement Group	
Credit Hour/Eff. term _____	Contact Hour	Component	Inactive	Course Description	
Term Offered	Consent Added	Consent Dropped	Multiple Enroll	Repeat for Credit	Final Exam

Other: Be specific.

Action Routing (Use Adobe Acrobat. Digital signature is required. Electronically forward to next person on the list.)

- CAD Curriculum Committee Chair _____
and/or
- Sr. Associate Dean | Associate Dean _____
- Scheduling Officer _____