



# COURSE ACTION FORM

Requested Effective Term \_\_\_\_\_

Initiating Department: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

**REQUESTED CHANGES (CHECK ALL APPROPRIATE BOXES)**

Course to be Dropped     NEW Course to be added<sup>1</sup>     Change in Credit     Change in Description\*  
 Change in Number\*     Change in Title     Change in Prefix     Change in Prerequisite

**GENERAL EDUCATION CREDIT** <sup>2</sup>  Drop  Add  Retain **Graduate Credit**  Drop  Add  Retain

**Crosslisting**  Drop  Add  Retain: Crosslisted course: \_\_\_\_\_. (crosslisted courses are considered academically identical/equivalent and are the same course. **Descriptions should include the wording "same course as \_\_\_\_\_".**)

<sup>1</sup> Please check SIS screen 128. You must select a new course number that **does not** appear on this screen.

<sup>2</sup> Pending approval by the General Education Advisory Council.

**PRESENT COURSE AS LISTED IN THE CATALOG**

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_  
Title \_\_\_\_\_

Prerequisite(s): [list all prerequisites here using "or" or "and/&" - not just commas](#)

Semester Credit Hours \_\_\_\_  
Specify credit hours: TH \_\_\_\_ LAB \_\_\_\_ DISC \_\_\_\_ IS \_\_\_\_

Cumulative total for **variable credit** courses \_\_\_\_

Contact Hours (per week) \_\_\_\_  
Specify contact hours: TH \_\_\_\_ LAB \_\_\_\_ DISC \_\_\_\_ IS \_\_\_\_

**Catalog Description of Present Course:**  
[Enter description here - 500 character max](#)

**RECOMMENDED CHANGE OR NEW COURSE**

Course Prefix \_\_\_\_\_ Course Number<sup>1</sup> \_\_\_\_\_  
Title \_\_\_\_\_

**Abbreviated Title for Permanent Record (28 space max)**

Prerequisite(s): [list all prerequisites here using "or" or "and/&" - not just commas](#)

Semester Credit Hours \_\_\_\_  
Specify credit hours: TH \_\_\_\_ LAB \_\_\_\_ DISC \_\_\_\_ IS \_\_\_\_

Cumulative total for **variable credit** courses \_\_\_\_

Contact Hours (per week) \_\_\_\_  
Specify contact hours: TH \_\_\_\_ LAB \_\_\_\_ DISC \_\_\_\_ IS \_\_\_\_

**Catalog Description of New or Revised Course:**  
(if changed, type description in full; if unchanged, type "same")  
[Enter description here - 500 character max](#)

**COMPLETE – DO NOT LEAVE BLANKS**

[For instructions, see Course Action Form Instructions](#)

CIP Code \_\_\_\_\_  
HEGIS Code \_\_\_\_\_

Approved for R Grades Y/N \_\_\_\_\_  
General Education Course Y/N \_\_\_\_\_

Pass/Fail Grading Y/N \_\_\_\_\_

**STATE REASON FOR REQUEST (Required by OSRHE) – For new courses, also attach Supplementary Information Form.**

[Enter reason for request here - 320 character max](#)

Head of the Department – Date

Graduate College Dean (for Graduate Credit) – Date

College Dean (Department’s Home College) – Date

Associate Provost\* – Date

\*Associate Provost for Undergraduate Education signature required for undergraduate courses and Associate Dean for Graduate Education signature required for graduate courses.