

**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.