Request to Add/Change Requisites in the Course Catalogue

(Do not use to schedule a class)
(Fax to X44076)

Course Information (all information is required)

Date new course/changes are to go into effect (must be in the future)________________________
Subject Area_____________ Catalogue Number_____________________________________
Course Title ________________________________________________________________
________________________________________________________________________

Course Details (all information is required)

☐ Prerequisite course number ________ Prerequisite course name__________________________

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☐ Prerequisite course number ________ Prerequisite course name__________________________

☐ Prerequisite course number ________ Prerequisite course name__________________________

☐ Co-requisite course number ________ Co-requisite course name__________________________

Other Requirements_____________________________________________________________

☐ Course is cross listed with course_______________________________________________

Signature of Department Chairperson/Coordinator_______________________________________
Date of Signature_________________________________________________________________

Records Office Use:

Course entered by________________________ Date_______________________
Course ID______________________________