

**PROPOSED CURRICULAR CHANGES FOR  
THE UNDERGRADUATE AND GRADUATE COUNCILS  
COLLEGE OF ARTS AND SCIENCES**

Department:

Contact:

Telephone:

Email:

Date of Proposal:

Effective Date:

Type of Action: Add \_\_\_\_\_ Drop \_\_\_\_\_ Revise \_\_\_\_\_

If an Add or Drop, check appropriate blank(s) in column three below; if a Revision, check appropriate blank(s) in all columns:

_____ Title	_____ Cross-listing	_____ Change affects Global Challenges
_____ Description	_____ Repeatability	_____ Change affects Connections
_____ Credit Hours	_____ Grading Restriction	
_____ Prereq/Coreq	_____ Credit Restriction	_____ Graduate Credit desired
_____ Comment	_____ Contact Hour Dist.	_____ Change affects Graduate Catalog
_____ Registration Restriction/Permission		

**In the space below provide Proposed Change:** (for required format see Guide for Modifying the Curriculum).

**PLEASE COMPLETE BACK SIDE BEFORE SUBMITTING**

