Florida Institute of Technology

REQUEST TO CHANGE THE REQUIREMENTS FOR A COURSE

Any change, addition or removal of any restriction, or change in credit hours or availability for a course requires this form, accompanied by any supporting documentation, be completed and approved as indicated below.

COLLEGE _____ DEPARTMENT _____

REQUEST IS FOR CHANGE IN COURSE _____ _____ _____
Prefix *Number* *Course Title*

TO BE INCLUDED IN 20 _____ /20 _____CATALOG
Course changes are effective beginning with the fall term in which they appear in the *University Catalog*.

IS REQUEST FOR A CHANGE IN THE NAME LISTED ABOVE? ☐ Yes ☐ No *If yes, requested name*_____

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE? ☐ Yes ☐ No *If yes, current credits* _____*requested credits* _____

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSE LISTED ABOVE? ☐ Yes ☐ No *If yes, please check all that apply:*

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite _____ _____ ☐ and ☐ or
Prefix *Number*

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite _____ _____ ☐ and ☐ or
Prefix *Number*

☐ Add ☐ Remove ☐ Other Restrictions* ☐ Yes ☐ No *If yes, please use box below:*

**Other restrictions may include changing the grade mode (P/F, S/U, A-F, CEU), deactivating a course already in the system, majors or class levels restricted from registration, or other restrictions.*
Please enter the complete prerequisite/restriction list as it should appear if this change is approved:

☐ Yes ☐ No Is this request for the course to be used to measure program-level student learning outcomes?

☐ Yes ☐ No Is this request for the course to satisfy the scholarly inquiry requirement? *If yes, attach "Q" materials for review.*

☐ Yes ☐ No Will this change impact any existing programs? *If yes, attach "Changing Graduation Requirements" form for each program that is impacted.*

APPROVALS: Once appropriate department approvals are completed, submit to the Office of Graduate Programs, or Undergraduate Curriculum Committee Chair for placement on agenda.

1) _____
Originator *Date*

2) _____
Department Head/Program Chair *Date*

3) _____
Dean or Associate Dean *Date*

4) _____
Chair, Graduate Council *Date*

OR

_____
Chair, Undergraduate Curriculum Committee *Date*

CATALOG & CURRICULUM MANAGER'S USE ONLY

SCACRSE _____ SCADETL _____ SCAPREQ_____

SCABASE _____ SCARRES_____ ACALOG_____ Operator Initials_____ Date _____

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