

CNS Course Inventory Change Request Form

1. Department/Academic Program:
2. Course Abbreviation: Course Number:
3. Proposed Change (select all that apply):

| | | | |
|--------------------------------|------|-------------------|-----------------------|
| Add | Drop | Title | Subject-Matter |
| Contact Hrs /Semester Hr Value | | Meeting Statement | Degree Plan Statement |
| Same-As Statement | | Restriction(s) | Prerequisite |
4. Course Title:
5. Same-as Statement:
6. Restrictions:

7. Subject-Matter Description:

8. Contact Hours:

| | | |
|-------------|---------|------------------------------|
| (a)Lecture: | (b)Lab: | (c) Value in Semester Hours: |
|-------------|---------|------------------------------|
9. Meeting Statement:

10. Degree Plan Statement:

11. Prerequisite:

12. Justification:

13. Date Approved by Department:
14. Form Completed by: