Department / Academic Program:	Cour	se Number	Topic N	imbor
Course Field of Study : Course Title:	Cour	se Number	Topic Nu	Imper
Proposed Change	Add		Drop	
r loposed onlinge	Contact Hours/Semester Hour Meeting Statement		Degree Plan Statement	
			Prerequisite	
	Restrictions		Same-as-Statement	
	Subject-Matter		Title	
Same-as Statement:		Restriction:		
Subject-Matter Description:				
	Contact Hours (Lab):			
Contact Hours (Lecture):	Contact Ho	urs (Lab):	Value in Seme	ster Hours
Contact Hours (Lecture): Repeatable:	Contact Ho Yes	Grading	Value in Seme Student Option	ster Hours Pass/Fail Only
	Yes	Grading	Student Option	
Repeatable:	Yes	Grading	Student Option	
Repeatable:	Yes	Grading	Student Option	
Repeatable: Meeting Statement:	Yes	Grading	Student Option	
Repeatable: Meeting Statement:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement: Prerequisite Current:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement: Prerequisite Current:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement: Prerequisite Current: Prerequisite Proposed:	Yes	Grading	Student Option	
Repeatable: Meeting Statement: Degree Plan Statement: Prerequisite Current:	Yes	Grading	Student Option	