

# CURRICULUM ACTION FORM FOR COURSE CHANGES

## OKLAHOMA BAPTIST UNIVERSITY COLLEGE OF GRADUATE & PROFESSIONAL STUDIES

The \_\_\_\_\_ (Program) in the \_\_\_\_\_ (College)

Recommends the following action(s):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Course to be Dropped   | <input type="checkbox"/> Change of Title            | <input type="checkbox"/> Change in Prerequisite |
| <input type="checkbox"/> Change in Course Level | <input type="checkbox"/> Change in Time of Offering | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Change in Description  | <input type="checkbox"/> Change of Credit           |   |

**Present Course being changed:**

Department \_\_\_\_\_ No. \_\_\_\_\_ Title \_\_\_\_\_

**List, completely, how each item being changed should appear; leave all other items blank**

Department \_\_\_\_\_

Course Level:  5000  6000 (Registrar will assign specific number) (\_\_\_\_\_)

New Title: \_\_\_\_\_

Title for Permanent Record (30 space maximum, including spaces between words):

“ \_\_\_\_\_ ”

Prerequisites: \_\_\_\_\_

Credit Hours \_\_\_\_\_ Lecture Hours \_\_\_\_\_ Lab Hours \_\_\_\_\_

Pass/Fail Grading Only:  Yes  No

Semester to be offered:  Fall  Spring  Even years  Odd years

**Course Description:** Attach additional page if needed)

**Rational for Proposed Change(s):**

**Staffing/Facilities/Equipment/Library Implications:** (Attach additional page if needed)

Note to Deans: If the proposed change will affect any other programs, please secure the appropriate signatures before forwarding the form to the Registrar/Graduate Council

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Signature of Dean

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Date

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Signature of Registrar

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Date

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Graduate Council Action

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Date

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Graduate Council , Chair

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Date

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Catalog Change Authorized by CAO/Provost

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Date