	MINOR CUR	RICULUM CHANGE	
Associated with Major Change?	Yes No		
CHANGE REQUEST TYPE:		Date:	
New Course		Requestor:	
Remove Course		Chair/Dean:	
Course Change		School:	
Program of Study Change			
PROGRAM & SEMESTER LEVI	EL:	EFFECTIVE TERM	:
INTAKE COHOF	RT:	COURSE C ODE	:
All fields below must be completed for new o	course submissions		
COURSE TITLE (29 character max):			
COURSE DESCRIPTION:			
TOTAL COURSE HOURS:	DELIVERY PATTERN:		
PRE/CO-REQUISITES:		COURSE	
		EQUIVALENCIES (may include ConEd):	
ROOM REQUIREMENT:			
CH	IANGE NEEDED AND REASON:		
SECTION SIZE CAP BY COMPONENT:	SECTION ATTRIBUTE BY	COMPONENT:	GRADED COMPONENT:
Rationale for changes made (program aud	it/review, new technology etc):		
Additional comments, ie. special date dura	tion requirements:		
Academic Quality requirements have bee	n met prior to this form submissior	1	
GAS/IPD Chair(s) notified when service co			
Chair and/or Dean approval			

Subject to revision