REQUEST FOR CHANGE (NON-CONTENT) 
FOR EXISTING SCHOOL OF COURSES

ALPHA DESIG. & NO. _______________ OWNERSHIP DEPARTMENT IF IDM: ________________

A. CHANGE IN CREDIT HOURS: _______PRESENT: _______EFFECTIVE TERM: _______

PRESENT TITLE: ______________________

PROPOSED TITLE: ______________________

GRADE MODE: _________________________

B. DESCRIBE CHANGE/REASON FOR CHANGE: ________________________________

C. DESCRIBE HOW THE COURSE CHANGE MEETS (OR IMPACTS) THE INSTITUTIONAL GOALS 
AND OBJECTIVES – LIST SPECIFIC OBJECTIVES AND IMPACT.

_______________________________________________________________________

Signature of Course Director __________________________________ Date: _________

Signature of Department Chair ___________________________ Date: _________

Signature of Academic Affairs __________________________________ Date: _________

Signature of Curriculum Comm. Chair _________________________ Date: _________

Signature of Dean of Medical School__________________________ Date: _________

Signature of Registrar _______________________________ CIP NO. ________ Date: _________

(If modified, the Course Request would return to lower levels for re-approval. If 
rejected, the Course Request would return to the lower level to address concerns and re-
approval.)

Please Return Signed copy to
Michelle Ruppert
MUSOM Office of Academic Affairs,
1600 Medical Center Drive, Suite 3420
Huntington, WV  25701