

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