**EXISTING COURSE**

**(NON-CONTENT) REQUEST FOR CHANGE**

**ALPHA DESIG. & NO.** AAA### **IF IDM, DEP OWNERSHIP:** OWNERSHIP

1. **CREDIT HOURS: CURRENT:** HRS **CHANGE:** HRS **TERM EFFECTIVE:** FA/SP YR

**PROPOSED TITLE:** Click or tap here to enter text.

**PRESENT TITLE:** Click or tap here to enter text.

**GRADE MODE:** Choose an item.

1. **REASON FOR CHANGE:** Click or tap here to enter text.
2. **DESCRIBE HOW THE CHANGE MEETS/IMPACTS THE INSTITUTIONAL LEARNING OBJECTIVES (*LIST SPECIFIC OBJECTIVES AND IMPACT*):** Click or tap here to enter text.

**SIGNATURES:**

COURSE DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

DEPARTMENT CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

OFFICE OF MEDICAL EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

CURRICULUM COMMITTEE CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

MEDICAL SCHOOL DEAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

REGISTRAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIP NO. \_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

*If modified, this request will be returned to the department for re-approval.*

*If denied, this request will be returned to the department to address concerns and re-approval.*

**Return signed copy to:**

**MUSOM Registrar**

**1600 Medical Center Drive, Ste. 3420**

**Huntington, WV 25701**

**MUSOMRegistrar@marshall.edu**