Texas A&M University-Corpus Christi

Course Change Form

Effective Fall of __

Present Course Number and Name:  ____  ____  
Proposed Course Number and Name:  ____  ____  

Complete the information below and place an asterisk (*) next to the items that are changing.

Semester Credit Hour (SCH) Value of Course:  ____  
Hours Per Week:  (Enter the contact hours per week for each activity that applies)

Lecture:  ____  
Lab:  ____  
Practicum:  ____  
Other (specify):  ____  (  ____  )

Course Description:  (Type in the existing Catalog description and identify any changes by underlining new language and striking through language that is being deleted.)

Complete the information below and place an asterisk (*) next to the items that are changing.

Does this course fulfill University core curriculum requirements?  NO  
If Yes, specify the area:  ____  

Does this course require special grading?  NO  
If Yes, specify the type of grading:  ____  

May this course be repeated for credit?  NO  
If Yes, what is the maximum credit that may be awarded:  ____  SCH  

Does this course require special course fees?  NO  
If Yes, type of Fee & Amount:

Field Trip Fee:  ____  
Lab Fee:  ____  
Material Fee:  ____  
Other Fee (Specify):  ____  (  ____  )

Department Chair Signature and Date:  ________________________________  __________

Curriculum Committee Chair Approval & Date:  ________________________________  __________

College Dean Signature and Date:  ________________________________  __________

Note: The Faculty Senate and, if applicable, the Graduate Council or Undergraduate Council must approve all new courses. Signatures from these approving entities are not required on this form.

Office of Admissions and Records

Processed by:  ____________________________________  Date:  __________________________