

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: _____