

EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR COURSE REVISIONS

TYPE OF REVISION: (CHECK ALL THAT APPLY.)

- _____ Course Number/Subject Code
- _____ Course Title
- _____ Credit Hours
- _____ Course Description
- _____ Prerequisite/Corequisite
- _____ Restriction

DEPARTMENT/SCHOOL: _____ **COLLEGE:** _____

CONTACT PERSON: _____

CONTACT PHONE: _____ **CONTACT EMAIL:** _____

REQUESTED START DATE: TERM _____ **YEAR** _____

DIRECTIONS: COMPLETE SECTION A AND SECTIONS B1a, B2a, B3a B4a, B11, B12 AND B13. COMPLETE ONLY THE REMAINING PARTS OF SECTION B THAT CONCERN THE REVISIONS CHECKED ABOVE. FOR ASSISTANCE CONTACT THE COURSE AND PROGRAM DEVELOPMENT OFFICE.

A. Rationale for Revision:

B. Course Information

1. a) Current Subject Code and Course Number: _____

b) (If new) Proposed Subject Code and Course Number: _____

2. a) Current Course Title: _____

b) (If new) Proposed Course Title: _____

3. a) Current Credit Hours: _____

b) (If new) Proposed Credit Hours _____

c) (If new) Briefly describe how the increase/decrease in credit hours will be reflected in course content.

4. a) Current Catalog Description:

b) (If new) Proposed Catalog Description (Limit to approximately 50 words):

5. Method of Delivery (Check all that apply.)

Current

- a. Standard (lecture/lab)_____
- On Campus_____ Off Campus_____
- b. Fully Online_____
- c. Hybrid_____

Proposed

- a. Standard (lecture/lab)_____
- On Campus_____ Off Campus_____
- b. Fully Online_____
- c. Hybrid_____

6. Grading Mode

Current

Normal (A-E)_____ Credit/No Credit_____

Proposed

Normal (A-E)_____ Credit/No Credit_____

7. **(Complete only if prerequisites are to be changed.)** List Current and Proposed Prerequisite Courses by subject code, number and title. Students must complete prerequisites before they can take this course.

Current:

Proposed:

8. **(Complete only if corequisites are to be changed.)** List Current and Proposed Corequisite Courses by subject code, number and title. Students must take corequisite courses at the same time as they are taking this course.

Current:

Proposed:

9. **(Complete only if concurrent prerequisites are to be changed.)** List Current and Proposed Concurrent Prerequisite Courses by subject code, number and title. Students must take concurrent prerequisites either before or at the same time as they are taking this course.

Current:

Proposed:

10. **(Complete only if course restrictions are to be changed. Complete only those sections that pertain to the restrictions that are to be changed.)** List Current and Proposed Course Restrictions. Course Restrictions limit the type of students who will be allowed to take the course.

- a. Restriction by College: Check if course is restricted to those admitted to specific college.

Current

College of Business:_____

College of Education:_____

Proposed

College of Business:_____

College of Education:_____

b. Restriction by Majors/Programs: Check if course is restricted to those in specific majors/programs.

Current

Yes _____

No _____

Proposed

Yes _____

No _____

If "Yes", list the majors/programs

c. Restriction by Academic/Class Level: Check all those who **will be allowed** to take the course as part of their academic program.

Undergraduate

Current

All Undergraduates

Freshperson _____

Sophomore _____

Junior _____

Senior _____

Second Bachelor _____

Post. Bac. Tchr. Cert. _____

Proposed

All Undergraduates

Freshperson _____

Sophomore _____

Junior _____

Senior _____

Second Bachelor _____

Post. Bac. Tchr. Cert. _____

Graduate

Current

All Graduates _____

Certificate _____

Master's _____

Specialist _____

Doctoral _____

UG Degree Pending _____

Low GPA Admit _____

Proposed

All Graduates _____

Certificate _____

Master's _____

Specialist _____

Doctoral _____

UG Degree Pending _____

Low GPA Admit _____

Note: If this is a 400-level course to be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit. **Only "Approved for Graduate Credit"** undergraduate courses may be included on graduate programs of study.

Note: **Only** 500-level graduate courses can be taken by undergraduate students. Undergraduate students may not register for 600-level courses

d. Departmental Permission: (Note: Department permission requires the department to enter authorization for every student registering.)

Current

Yes _____

No _____

Proposed

Yes _____

No _____

11. List all departmental programs in which this course is Required or a Restricted Elective.

Program _____

Required _____ Restricted Elective _____

Program _____

Required _____ Restricted Elective _____

12. Is this course required by programs in other departments?

Yes _____

No _____

13. If "Yes", do the affected departments support this change? Yes _____ No _____
If "Yes", attach letters of support. If "No", attach letters from the affected department explaining the lack of support, if available.

14. Will the proposed revision increase/decrease credit hours in any program? Yes _____ No _____
If "Yes", list the programs and provide an explanation for the increase/decrease, along with a copy of the revised program that includes the new credit hour total.

C. Action of the Department/School and College

1. Department/School

Vote of faculty: For _____ Against _____ Abstentions _____
(Enter the number of votes cast in each category.)

Department Head/School Director Signature

Date

2. College

College Dean Signature

Date

3. Graduate School (if Graduate Course)

Graduate Dean Signature

Date

D. Approval

Associate Vice-President for Academic Programming Signature

Date