

nor Change requests directly to the  
e s approval (Please send informational e-copy  
ce

**SUBMITTED BY:**

Department

P

**CRCD**

Prepared  
by

907 474 6842

Email  
Contact

@

F cul y C nt ct

Cathy Brooks

**1. COURSE IDENTIFICATION:**

p

**COURSE TITLE**

**2. ACTION DESIRED: Indicate what is changing with an "X" or checkmark:**

**NUMBER**

**TITLE**

**DESCRIPTION**

**PREREQUISITES**

**FREQUENCY OF OFFERING**

**CROSS-LISTED**

(Requires approval of both departments and deans  
involved. Add lines at end of form for such  
signatures.)



5. **IS THIS COURSE CURRENTLY CROSS-LISTED?**

YES/NO      **NO**      If Yes, DEPT      **NUMBER**

(Requires written notification of each department and dean involved    Attach a copy of written notification.)

**D IMPACT**

IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY ETC

*Will I be affected by this proposed action?  
If so, departments contacted (e.g., email memo)*

**O C O S T E D**

The purpose of the department and campus-wide curriculum committees is to scrutinize course change applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you drop a prerequisite, is it because the material is covered elsewhere? Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the course is not compromised as a result.

**APPROVALS: Add signat**

Signature Chair  
Program/Department of

DA SR

Signature Chair College/School  
Curriculum Council for

Signature Dean  
College/School of

**ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE**

Received Registrar's Office