Undergraduate Course Change

Montana State University

"PLEASE HIGHLIGHT CHANGES"

_____ _____ _____ _____ _____

Department College Rubric Course Number Effective Semester

In the spaces below, please indicate only the changes from the current on-line catalog. Please attach a separate sheet indicating the reasons for any substantive (i.e., non-editorial) changes and clarifying anything that might be unclear from this cover sheet.

_____

Course Title (for catalog)

_____

Course Title (for schedule – maximum of 22 characters)

Frequency Offered: ☐*Annual* ☐*Alternate Years* ☐*if alternate, starting year:*_____

Semesters(s) Offered: ☐*Summer* ☐*Fall* ☐*Spring*

Credits by Mode of Instruction: *Lecture:* _____ *Seminar:*_____
Independent Study: _____ *Lab/Studio:* _____
Recitation/Discussion: _____

Total Credits: _____

Prerequisite course(s) *(When listing multiple prerequisites, please be clear about whether the courses are all required (separated by "and") or if only one is required (separated by "or"):*

_____

Co requisite Courses:

_____

Course Description (40 word limit): *If there is a change in the course description, please attach the **typed** edited copy in which deletions are shown with a ~~strikethrough~~ (or highlighted in red) and additions are in **bold** (or highlighted in yellow).*

Person Initiating this Request: _____ Phone: _____
e-mail: _____

Approval

You only need to obtain the 2 which are indicated with an asterisk(*)

* _____
Department Head Date

* _____
College Dean or Assistant Dean Date

_____
Chair, Undergraduate Studies Committee Date

_____
Academic Vice Provost Date