



# Course Changes Request

Return completed, signed form to Johna Boatright  
(jboatright@austincollege.edu).

Last Name, First Name, Middle

Date

Current DEPT Prefix

DEPT Course Number

Course Title

Select the modifications requested for review. Mark all that apply.

1) Change in prerequisites/corequisites

5) Addition/Removal of laboratory

2) Change in course description

6) Establish a course equivalency

3) Removal of course from Catalog

7) Change in Breadth or Competency Requirement

4) Modification of course title

8) Other:

Please provide current nature of the course followed by the requested change. Then provide justification for the change requested.

Submitter's Signature

Date

Department Chair's Signature

Date

Dean's Signature

Date

Cur. Cmte Appr. (initials) Date

Faculty Appr. (initials) Date

Registrar Entry (initials) Date