

UNDERGRADUATE COURSE CHANGE NON-GENERAL EDUCATION
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Proposal for a Course Change

Department _____ Submission Date _____

Semester of Implementation _____

I. Proposed Course Change Information

	CURRENT	Check Box if No Change	PROPOSED CHANGE
Discipline Prefix	_____	<input type="checkbox"/>	_____
Course Number	_____	<input type="checkbox"/>	_____
Course Title	_____	<input type="checkbox"/>	_____
Credit Hours	_____	<input type="checkbox"/>	_____
<p style="color: red;">If yes, attach a justification for the change in credit hours.</p>			
May this course be repeated for credit when content changes? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours? _____			If yes, how many hours? _____
Prerequisites <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list prerequisites: _____			If yes, list prerequisites: _____
Speaking Intensive <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, attach a copy of the department speaking intensive policy.</p>			
Writing Intensive <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cross-Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Secondary Prefix _____		<input type="checkbox"/>	_____
Course Number _____		<input type="checkbox"/>	_____

Current Course Description:

Proposed New Course Description (***Must match description on course syllabus***):

☐ Delete Course from Catalog

☐ Submit Course to Storage

If course is deleted or stored, please note what course(s) will substitute for it: _____

Please attach a proposed syllabus in SACS format that contains proposed changes.

II. Required for Major or Concentration or Licensure or Certificate (please specify):

III. Rationale for Proposed Changes:

IV. Resource Assessment, if change warrants it:

A. How frequently do you anticipate offering this course? _____

B. Describe anticipated change in staffing for the course: _____

C. Estimate the cost of new equipment required due to change: _____

D. Estimate the cost of and describe additional library resources: _____

E. Will the change in the course require additional computer use, hardware or software?

☐ Yes ☐ No If yes, please describe and estimate cost: _____

F. Will a new or changed course fee be assessed? ☐ Yes ☐ No If yes, the Fee recommendation worksheet must accompany this form. It can be found at the following url:

www.longwood.edu/budget (See Appendix B for sample of form.)

SIGNATURE PAGE
UNDERGRADUATE COURSE CHANGE
NON-GENERAL EDUCATION

Course Name/Number _____ Course Title _____

V. Approvals

	Date received	Date approved	Signature
1. Department Curriculum Committee Chair	_____	_____	_____
2. Department Chair	_____	_____	_____

If the proposed course could have an impact on other departments or programs, the appropriate affected chairs or program directors should be notified of the proposed changes.

Departments/programs that might be affected	Individuals contacted and date contacted
_____	_____
_____	_____
_____	_____

3. College Dean	_____	_____	_____
4. College Curriculum Committee	_____	_____	_____

5. Date received by Registrar _____

All curriculum proposals/changes are processed in the date order received. In order to be included in the next academic year's catalog, all paperwork must be submitted no later than:

February 1st to the College Curriculum Committee
March 1st to the Educational Policy Committee (EPC)

Submission within the deadlines does not guarantee processing in time for the next academic year's catalog.

Revised May 2010