



## New Course / Course Change Request

Submission Date	Effective Quarter and Year	Type of Request <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify
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Course Information			
Course Title	Course Number <small>(New numbers must be verified with Registrar)</small>	Previous Course Number <small>(if applicable)</small>	
Course Type <input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Independent Study <input type="checkbox"/> Online <input type="checkbox"/> Clinical <input type="checkbox"/> Other:		Current Term Offered	Previous Term Offered <small>(if applicable)</small>
Course Director(s)	Credits	Max Enrollment	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Annual Block
Department Offering Course	Grading Type <input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass-Fail		<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Annual Block

Scope of Change		
Programs Affected <input type="checkbox"/> AZCOPT <input type="checkbox"/> CDMA <i>CHS</i> <input type="checkbox"/> AZCOM <input type="checkbox"/> CDMI <input type="checkbox"/> Biomed M.A. <input type="checkbox"/> Speech-Language <input type="checkbox"/> Psychology <input type="checkbox"/> CCOM <input type="checkbox"/> CPG <input type="checkbox"/> Biomed M.B.S. <input type="checkbox"/> OT <input type="checkbox"/> Nurse Anesthesia <input type="checkbox"/> CCP <input type="checkbox"/> CVM <input type="checkbox"/> Cardiovascular <input type="checkbox"/> PA <input type="checkbox"/> D.H.S. <input type="checkbox"/> PT	Have these programs been notified of this change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If this course <b>changed quarters</b> , how will this affect a student who may need to <b>retake</b> it?		
If a student failed the <b>existing/previous course</b> , will this new course satisfy a <b>retake</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain:		
Additional Comments		

Approval for Change		
Name of Program Director	Signature	Date
Name of Dean	Signature	Date
Name of Chief Academic Officer	Signature	Date
President <i>Dr. Kathleen Goepfinger</i>	Signature	Date