



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
-----------------	----------------------------	-----------------------------------------------------------------------------------------------------------------

Course Information			
Course Title	Course Number <small>(New numbers must be verified with Registrar)</small>	Previous Course Number <small>(if applicable)</small>	
Course Type <small>(check all applicable)</small> <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 <small>(check all applicable)</small> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Previous Term Offered <small>(check all applicable)</small> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Course Director(s)	Credits	Max Enrollment	
Department Offering Course	Grading Type <input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass-Fail		<input type="checkbox"/> Preclinical Block <input type="checkbox"/> Clinical Block

Scope of Change					
Programs Affected	<input type="checkbox"/> AZCOM <input type="checkbox"/> AZCOPT <input type="checkbox"/> CPG <input type="checkbox"/> CDMA <input type="checkbox"/> CHSA <input type="checkbox"/> CGSA <input type="checkbox"/> CVM	<input type="checkbox"/> CCOM <input type="checkbox"/> CCO <input type="checkbox"/> CCP <input type="checkbox"/> CDMI <input type="checkbox"/> CHSI <input type="checkbox"/> CGSI	<input type="checkbox"/> Biomed M.A. <input type="checkbox"/> Biomed M.B.S. <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Doctor OT <input type="checkbox"/> DNAP <input type="checkbox"/> Master OT	<input type="checkbox"/> Nurse Anesthesia <input type="checkbox"/> Podiatry <input type="checkbox"/> PT <input type="checkbox"/> Public Health <input type="checkbox"/> Speech-Language <input type="checkbox"/> Physician Assistant	Have these programs been notified of this change? <input type="checkbox"/> Yes <input type="checkbox"/> No

If this course **changed quarters**, how will this affect a student who may need to **retake** it?

If a student failed the **existing/previous course**, will this new course satisfy a **retake**? Yes No

If not, explain:

Any curriculum changes that require additional space and personnel resources require University approval before the change is approved by the College/Program Curriculum/Education Committee. Please attach documentation of that approval to this request form.

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

SCAN APPROVED FORM TO
OFFICE OF THE REGISTRAR

Downers Grove Campus:
ILregistrar@midwestern.edu

Glendale Campus:
AZregistrar@midwestern.edu

Retain original signed form
at the program office.