

Sisseton Wahpeton College

COURSE MODIFICATION/DELETION REQUEST FORM

Date: _____ Initiator: _____

Subject Area: _____ Academic Division: _____

To Begin: Semester: _____ Year: _____

Type of Action(s): Check all appropriate items.

- | | |
|-------------------------------|------------------------------------|
| _____ Course Deletion | _____ Change in Course Prefix |
| _____ Change in Course Number | _____ Change in Course Title |
| _____ Change in Lecture/Lab | _____ Change in Course Description |
| _____ Change in Credits | _____ Change in Pre-requisite |

This section is to be completed for all modifications/deletions.

1. Reasons for action:

2. Curriculum/Program impact:

Existing Course Prefix, Number, Title: _____

Change to: (Complete the appropriate section)

Prefix: _____ Number: _____ Title: _____

Credits: _____ Lecture: _____ Lab: _____

Existing Course Description:

Modified Course Description:

CURRICULUM APPROVAL PROCESS

Approved Disapproved

Date Program Director/Instructor _____

Date Chairperson, Curriculum Committee _____

Date VP of Academic Affairs _____