

UNIVERSITY ACADEMIC COUNCIL
COURSE CHANGE FORM

Initiating School:

Department/Division:

Requested Effective Date:

Initiating Catalog Publication Year:

I. REQUESTED CHANGE(S) for (current course): [Click here to enter text.](#)

☐ Drop Course (Inactivate)

☐ Change Course

☐ Reactivate Course

If course change, please check all appropriate boxes below.

☐ Change in Title

☐ Change in Number

☐ Change in Prerequisite

☐ Change in Units

☐ Change in Subject Prefix

☐ Change in Catalog

Description

☐ Other – please briefly explain nature of change:

II. RATIONALE FOR REQUESTED CHANGE(S)

What evidence or data do you have to support this change? Select all that apply, and explain below.

☐ Five- or seven-year program review

☐ Annual assessment data or review

☐ Other curriculum review by faculty

Begin typing here.

III. DESCRIPTION OF REQUESTED CHANGE(S)

EXISTING COURSE: For course to be dropped, complete each section; for course change, indicate the title of the existing

CHANGE TO: For course change, complete each section pertinent to the requested change.

course and complete each section pertinent to the requested change.

Course Subject Prefix:

Course Catalog No.:

Academic Organization (Program or Division)*:

Short Title (30 char.; appears on transcripts):

Long Title (100 char.; appears in catalog):

Prerequisites:

No. of Units:

Catalog Description of Present Course:

Course Subject Prefix:

Course Catalog No.:

Academic Organization (Program or Division)*:

Short Title (30 char.; appears on transcripts):

Long Title (100 char.; appears in catalog):

Prerequisites:

No. of Units:

Catalog Description of Present Course (if changed, type description in full; if unchanged, type "same"):

Credit Hours (based on a minimum 15-week term):

This course complies with Pepperdine University's credit hour policy. ☐

If changing the course number, do current students need the old course number?

☐ Yes

☐ No

IV. BUDGETARY IMPACT OF REQUESTED CHANGE(S) (Be specific about actual expenditures required.)

Has the budget been reviewed by the school's major area budget manager?

☐ Yes

☐ No

Begin typing here.

V. EFFECT OF REQUESTED CHANGE(S) ON OTHER DEPARTMENTS, INCLUDING LIBRARIES, INFORMATION TECHNOLOGY, AND ACADEMIC UNITS (For impacted units, please indicate if these areas have been consulted.)

Begin typing here.

VI. DESCRIBE IF CHANGE AFFECTS THE UNIVERSITY AND SCHOOL MISSION, PROGRAM LEARNING OBJECTIVES, PROGRAM ALIGNMENT MAPS, AND ASSESSMENT STRATEGIES

Begin typing here.

VII. ATTACH SYLLABUS FOR THE PROPOSED COURSE AS CHANGED

(Unless drop or deactivation.) Syllabus should include course learning outcomes, assessment strategies, typical schedule, and meeting times that adhere to the University's credit hour policy.

VIII. INFORMATION FOR ONLINE STUDENT SYSTEM

Course Career will be classified as:

☐ Undergraduate

☐ Graduate

☐ Law

How will this course be graded? Choose an item.

Is there a component class or activity associated with this course? Choose an item.

Will the component be graded separately?

☐ Yes

☐ No

(If yes, please submit separate Course Action Form for component.)

Will special consent be required to enroll in this course? Choose an item.

Can this course be repeated for credit?

☐ Yes

☐ No

How many times? Click here to enter text.

Can students enroll in this course more than once in a single term?

☐ Yes

☐ No

Please note any special fee associated with this course: Click here to enter text.

(All fees must be approved by UMC.)

Indicate if the course has a special requirement designation or attribute (check all that apply):

☐ General Ed (GE)

☐ Presentation Skills (PS)

☐ Research Methods

(RM)

Form must be completed using Microsoft Word version 2007 and above.

☐ Writing Intensive

☐ Other

Uses exam numbers?

☐ Yes

☐ No

Form Completed By

Name:

Title: