**UNIVERSITY ACADEMIC COUNCIL**

**COURSE CHANGE FORM**

|  |  |
| --- | --- |
| Initiating School: | Department/Division: |
| Requested Effective Date: | Initiating Catalog Publication Year: |

1. **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: | | |

1. **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.* |

1. **DESCRIPTION OF REQUESTED CHANGE(S)**

|  |  |
| --- | --- |
| **EXISTING COURSE**: For course to be dropped, complete each section; for course change, indicate the title of the existing course and complete each section pertinent to the requested change. | **CHANGE TO**: For course change, complete each section pertinent to the requested change. |
| Course Subject Prefix: | Course Subject Prefix: |
| Course Catalog No.: | Course Catalog No.: |
| Academic Organization (Program or Division)\*: | Academic Organization (Program or Division)\*: |
| Short Title (30 char.; appears on transcripts): | Short Title (30 char.; appears on transcripts): |
| Long Title (100 char.; appears in catalog): | Long Title (100 char.; appears in catalog): |
| Prerequisites: | Prerequisites: |
| No. of Units: | No. of Units: |
| Catalog Description of Present Course: | 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 |

1. **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.* |

1. **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.)

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| --- |
| *Begin typing here.* |

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

|  |
| --- |
| *Begin typing here.* |

1. **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.
2. **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) |
| Writing Intensive | Other | |

Uses exam numbers?

|  |  |
| --- | --- |
| Yes | No |

**Form Completed By**

|  |
| --- |
| Name: |
| Title: |

PLEASE SUBMIT COMPLETED FORM AS A PDF.