TEXAS TECH UNIVERSITY

APPLICATION FOR COURSE APPROVAL

CORE CODE

ROUTING NO.

NOT FOR DESCRIPTION OR PREREQUISITE CHANGES WHICH MAY BE DONE BY MEMO.

ALL (must be completed)

College:

Department:

Proposed: Level ☐ (1 to 7) Texas CIP Code - Including dots (.) ☐☐.☐☐☐☐.☐☐☐☐ ☐ Check if topics are multiple course listing

Previous course number or prefix:

Shortened Title for Class Schedules (include spaces, omit punctuation)

Proposed

Course Prefix ☐☐☐☐

Number ☐☐☐☐

Hours ☐☐☐

Effective Term:*

*(First Term to be Taught for new course)

ADD (please complete all required data)

Prefix: ☐☐☐☐ **Number** ☐☐☐☐ **Hours** ☐☐☐ (CHR CLEC LAB)

May repeat this course? __ YES __ NO

Maximum credit hours if repeated:

Is this a dual listed course? __ YES __ NO

If so, with what course is it cross listed?

Variable Credit? ____

Contact Hours: ____

Activity Type:

☐ Lecture ☐ Practicum

☐ Individual Study ☐ Seminar

☐ Credit Lab ☐ Other: (Specify)

☐ Non-Credit LAB or Discussion

Exclude Repeat Rules? __ YES __ NO

Course Title

Catalog Description *(incl. Prerequisite or Corequisite) (25 words maximum):*

CHANGE (please complete all required data)

Changing: Activity Type: **From:** **To:**

Prefix ☐ Number ☐ Hours ☐ Title ☐ Prerequisite ☐ Description ☐

Current Prefix ☐☐☐☐ Current Number ☐☐☐☐ Current Hours ☐☐☐

Proposed Prefix ☐☐☐☐ Proposed Number ☐☐☐☐ Proposed Hours ☐☐☐

Is this a dual listed course? __ YES __ NO **If so, with what course is it cross listed?**

Current Title:

Proposed Title:

Current Description *(incl. prerequisite and corequisite):*

Proposed Description *(incl.prerequisite and corequisite) (25 words max.):*

DELETE

Prefix: ☐☐☐☐ Number ☐☐☐☐ Hours ☐☐☐☐

JUSTIFICATION

APPROVALS

Department (Type name here, sign above) Date

Graduate School Date

College (Type name here, sign above) Date

Vice Provost Date