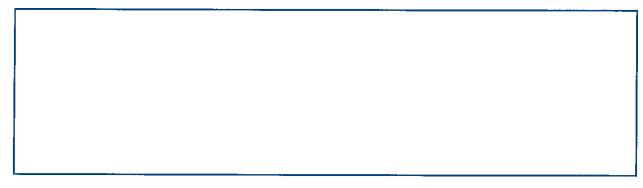
nor Change requests directly to the e s approval (Please send informational e-copy ce

Department			CRCD
N.	р		
Prepared by			907 474 6842
Email Contact		F cul y C nt ct	Cathy Brooks
:	•		
p Course TITL		•	
2. ACTION D	ESIRED: Indicate	what is changing with an	"X" or checkmark:
NUMBER PREREQUISITE CROSS-LISTED	TITLE S	DESCRIPTION FREQUENCY OF OFFERING (Requires approval of both involved. Add lines at ensignatures.)	departments and deans

SUBMITTED BY:



5. IS THIS COURSE CURRENTLY CROSS-LISTED?

YES/NO NO If Yes, DEPT

NIIMBED

(Requi es written notification of each department and dean involved Attach a copy f written notification.)

D IMPACT

IMPACT, IF AN , WILL THI HAVE ON BUDGET, FACILITIES/SPACE, FACULTY ETC

l be affected by this proposed action?
s/e artments contacted (e. . email memo)

O C O STED

The purp se of the department and ampus-wide curriculum ommittees is to scrutinize course change applications to make sure that the quality f UAF education is not lowered as a result of the proposed change Please address this in your response This section needs to be self-explanatory If you drop a prerequisite is it because the material is covered elsewhere? Use as much space as needed to fully justify the proposed change and explain what has been done t ensure that the quality of the course is not com romised as a result.

