UNIVERSITY OF MICHIGAN-FLINT
COURSE CHANGE REQUEST

* * * This change is not effective for registration or publication until this request has been reviewed by the Provost.* * *

Change Effective Fall Term *(insert year)*:	**School/College:** **Department:**

Current Course Subject Code:	**Current Course Number:**	**Current Title**	**Current Crosslists:**

Summary of changes:

INSTRUCTIONS: Only where a change is requested*, please complete both columns below; leave other lines blank. Add separate page(s) if space provided is not sufficient for your response.*

☐ **INACTIVATE Course** ☐ **INACTIVATE Crosslisting(s)**

AS CURRENTLY OFFERED		**REQUESTED CHANGE**
1. Course Number:	**to**	
2. Title:	**to**	
3. Credit Hours: Total _____ -or- Variable _____ to_____	**to**	Total _____ -or- Variable _____ to_____
4. Contact Hours: Lec: _____ Lab: _____	**to**	Lec: _____ Lab: _____
5. Repeat Status:	**to**	
6. Grading Mode:	**to**	
Can be reported as Y grade?: Yes / No	**Can be reported as Y grade?:**	Yes / No
7. Schedule Type (Lec/Lab/etc)**:**	**to**	
8. Crosslisting(s):	**to**	
9. Corequisites:	**to**	
10. Distribution Credit (circle):	**to**	H S F N / NL GB HW FQ T FYE CAP FL
11. Course Level: UG GR	**to**	UG GR

NOTE: IF THIS COURSE WILL BE OFFERED FOR BOTH GRADUATE AND UNDERGRADUATE CREDIT, A SEPARATE PAGE EXPLAINING DISTINCTIONS IN INSTRUCTION AND/OR DIFFERING REQUIREMENTS FOR TWO LEVELS IS REQUIRED.

12. New Course Prerequisites:

13. Other New Restrictions (class/college/major/level):

14. New Course Description (as it should appear in the *Catalog):*

15. Reinstatement Term/Year (you must provide rationale for reinstatement in 16 below):

16. Reason for changes (or reinstatement):

17. How does this request affect the prerequisites or requirements of other departments and programs?

NOTE: IF THIS WILL AFFECT PROGRAM OR CONCENTRATION REQUIREMENTS, YOU MUST ALSO SUBMIT A PROGRAM CHANGE REQUEST FORM.

REQUESTED BY:	**REVIEWED BY:**
_____ Department Chair Date	_____ Catalog Editor Date
_____ Department Chair of Crosslist(s) or Prerequisite(s) Date	_____ Dean of Graduate Programs (Graduate courses) Date
_____ Dean Date	_____ Provost (Undergraduate courses only) Date
_____ Dean of Crosslist(s) or Prerequisite(s) Date	_____ Catalog Coordinator (Registrar's Office) Date
_____ GECAC Date	