Email Contact		**Faculty Contact**	

1. ACTION DESIRED (CHECK ONE):	Trial Course		New Course		
2. *COURSE IDENTIFICATION*:	Dept		Course #		No. of Credits	
Justify upper/lower division status & number of credits:					

To be CROSS LISTED? *YES/NO*		If yes, Dept:		Course #	

NOTE: Cross-listing requires approval of both departments and deans involved. Add lines at end of form for additional required signatures.

5. *To be STACKED?** *YES/NO*		If yes, Dept.		Course #	

If the course can be repeated with variable credit, what is the maximum number of credit hours that may be earned for this course?		**CREDITS**

13. GRADING SYSTEM: Specify only one. Note: Changing the grading system for a course later on constitutes a Major Course Change – Format 2 form.

LETTER: **PASS/FAIL:**

RESTRICTIONS ON ENROLLMENT (if any)

14. PREREQUISITES	

These will be *required* before the student is allowed to enroll in the course.

15. SPECIAL RESTRICTIONS, CONDITIONS	

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