



Academic Affairs Committee

Course Revision/Deletion/Reactivation/Deactivation

Cover Sheet

Revision: ☐ Deletion: ☐

Reactivation: ☐ Deactivation: ☐

Course Discipline, Number, & Title:

Total Credit Hours: Breakdown (Lecture: Lab: Other:)

Is this course repeatable? YES ☐ NO ☐ If yes, how many times?

Justification for revising, deleting, reactivating, or deactivating this course:

Program to which this course belongs (Major, Minor, Concentration, and/or Certificate). If applicable, briefly explain how the course will be utilized within the program(s) (e.g., University core course, major course, elective, or substitution):

Other programs affected by these changes:

Have these programs been notified of the changes? YES ☐ NO ☐ N/A ☐

.....

Overview of Proposed Changes	
Current Catalog Description	Proposed Catalog Description
Other aspects affected by change (i.e. course title, credit hours, etc.).	Proposed Change(s)

Prerequisites:

Co-requisites:

Course(s) that are duplicated, or to be discontinued or revised if this course revision is approved:

Additional Resource Requirements and Proposed Sources of Funding (e.g., library, instructional materials, faculty, staff): (Please indicate N/A when appropriate).

Resource Requirement	Proposed Source of Funding (if applicable)
Library	
Instructional Materials	
Faculty	
Staff	
Other:	
Other:	

Contact Person:

Department:

Email:

Phone:

Recommended term that these changes will go into effect:

Limitations: AAC will determine actual term to start.

Note: If revision, syllabus must be attached, *(required, or proposal will be summarily rejected)*.

Discipline vote: Yes No Abstain N/A _____

Department vote: Yes No Abstain _____

Reviewed: _____
Department Chair, BSW or MSW Coordinator Date

Print Name

Reviewed by: _____

School or College Dean Date

Print Name

Department Chair Submitted to AAC: _____
Date

Approve Deny _____

Chair, Academic Affairs Date

		Print Name
	Approve	Deny

	Chair, Faculty Senate	Date

		Print Name
ACTION:	Approve	Deny
_____	_____	
	Vice President for Academic Affairs	Date

		Print Name

Office of the VPAA sent to the Office of the Registrar: _____
Date

Received by Office of the Registrar: _____
Date

Reviewed by Office of the Registrar: _____
Date

Banner Updated: _____
Date

Catalog Updated: _____
Date

Office of the Registrar distributed to the following parties: _____
Date

CC: Posted to the Academic Affairs Committee Shared Drive
 Vice President for Academic Affairs
 Chair, AAC
 School or College Dean
 Department Chair/BSW or MSW Coordinator
 Contact Person