

## **COURSE APPROVAL FORM**

Print Form

All fields must be complete be	ore submission to you	r school's Student Affairs	Office.
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		All fields mus	st be comp	olete before sub	missior	to your school's	Student	Affairs Office	). 	
Program:								Date:		
Course Ti	itle:						Ef	fective Term:		
Prefix:		Number:		Min Credit:		Min Lecture:	N	/lin Lab:	Mir	n Other*:
				Max Credit:		Max Lecture:	N	Max Lab:	Ma	x Other*:
<b></b>					_	-	·			*Clinical, Precept, etc.
Course	e Type:				Instr	uctional Method?	2			
Grading	g Mode?			I	Non-Credit Lab Clinical Training Patient Interaction					
	Schedules	Title for Class (limited to 30 aces):								
ADD/EDIT	(include p	Description rerequisites/ uisites):								
	information	s (amending on any active urse)								
DELETE		Justifie	cation:							
NORKS	What prin	ted catalog will	this cours	e be added to?						
	☐ Will th	nis course repla	ace an exis	ting course?	Prefix:	Num	ber:			
DEGREE						previous catalo	g?			
5	If so	o, please indicate all ca	atalogs that will	be effected (example 2						_
B										
S										
VAI	Program [	Director					Date			
APPROVALS	Departme	ent Chair					Date			
AP	School St	udent Affairs					Date			
SCHOOL USE	ONLY: To HS	C Registrar		Added to In	ventory		Distribut	ed to Section Build	ler	