**Academic Affairs Committee  
Course Revision/Deletion Cover Sheet  
Revision**:  **Deletion**:

**Course Discipline, Number, & Title:**   
Click or tap here to enter text. **Total Credit Hours**: **Breakdown (Lecture**: **Lab**: **Other**: )

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

**Justification for revising or deleting this course**:  
Click or tap here to enter text.

**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)**:  
Click or tap here to enter text.

**Other programs affected by these changes**:Click or tap here to enter text.

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

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**COURSE REVISION ONLY:**

|  |  |
| --- | --- |
| **Overview of Proposed Changes** | |
| **Current Catalog Description** | **Proposed Catalog Description** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Other aspects affected by change (i.e. course title, credit hours, etc.).** | **Proposed Change(s)** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Prerequisites**:  
Click or tap here to enter text.

**Co-requisites**:  
Click or tap here to enter text.

**Course(s) that are duplicated, or to be discontinued or revised if this course revision is approved**:  
Click or tap here to enter text.

**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 | Click or tap here to enter text. |
| Instructional Materials | Click or tap here to enter text. |
| Faculty | Click or tap here to enter text. |
| Staff | Click or tap here to enter text. |
| Other: | Click or tap here to enter text. |
| Other: | Click or tap here to enter text. |

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**Contact Person**: Click or tap here to enter text. **Department**: Click or tap here to enter text.

**Email**: Click or tap here to enter text. **Phone**: Click or tap here to enter text.

**Recommended term that these changes will go into effect**: Click or tap here to enter text.  
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**

**RECOMMENDATIONS:** Approve Deny   
 **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