

Prerequisite/Corequisite Change Request for Existing Courses

- Attach a copy of existing approved course proposal
- Attach department **memos of approval** for changes to non-departmental prerequisites

Date: _____ Effective Term: _____
Department and Course Number: _____
Title of Course: _____
Instructor and/or Departmental Contact: _____
Contact Phone #: _____ Contact e-mail: _____

Add the following prerequisites/corequisites (please specify):

Drop the following prerequisites/corequisites (please specify):

List course prerequisites/corequisites after change:

Justification (justify prerequisite/**corequisites** changes and remaining prerequisites after change):

Please note: Any prerequisite/corequisite change that results from a course revision of >20% must be requested as part of a course revision and approved through university governance.

Department Head/Chair: _____
College Curriculum Committee Representative: _____
College Dean: _____