

CCP



THE GRADUATE SCHOOL

COURSE CHANGE PROPOSAL

THE GRADSCHOOL PREFERS TYPED DOCUMENTS. ENTER (TYPE) INFORMATION INTO FORM AND THEN PRINT DOCUMENT

Mail to:
The Graduate School
901 Sumter St. #304
Columbia, SC 29208
Fax to:
803-777-2972

Routing and Copies (After College/School Approval):

Courses at 100-600 level and undergraduate curricula:

Please send original, with attachments(s), and 12 copies to the **Faculty Senate Office**

Courses at 700-800 level and graduate curricula:

Please send this original form, with attachment(s) in MS Word, to **The Graduate School at gradcurr@mailbox.sc.edu**, and send the signature page to the Graduate School by intercampus mail.

Present Course Designation: Designator: Number: Credit Hours:

Course Title:

Complete description including title (from current Bulletin: enlarge if photocopied):

Delete: Deletion Date

CHANGE:

Title To:

Designator to: Course Number to: Credit Hours to:

Prerequisites to:

Course Description: (Give complete NEW description as it should appear in the Bulletin)(limit 30 words).

Other Changes: Rationale for Change(s):

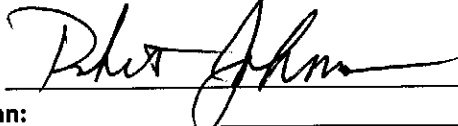
Does this change affect the students or the academic interests of any other unit? Yes/No

If yes, identify unit(s) and attach letter(s) of concurrence.

Requested Effective Term for change to database: Term: Year:

Has this proposed course change been approved by the unit faculty? Yes/No

Contact Person: Phone: Email:

APPROVAL: 
Department: _____ Date: Phone:
Academic Dean: _____ Date: _____ Phone: _____