**College of Graduate Studies and Research**

**Proposals for revising or deleting courses**

|  |  |
| --- | --- |
| Name of program |  |
| Department or School or College |  |

Contact Person:

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |

What type of change is requested?

\_\_\_\_\_ Prefix

\_\_\_\_\_ Number

\_\_\_\_\_ Title

\_\_\_\_\_ Prerequisite

\_\_\_\_\_ Credit hours

\_\_\_\_\_ Description

\_\_\_\_\_ Deletion from catalog

\_\_\_\_\_ Other(s) (Describe)

Attach graduate proposal signature page.

**Proposal Description with Rationale:** For changes in catalog entries or syllabi, include the current language and use track changes to indicate proposed changes. Explain why the change is desired.