|  |  |  |  |
| --- | --- | --- | --- |
| full_mark_horz_bold  **COURSE REVISION FORM**  Departments/units should complete this form, obtain all necessary approvals and submit to their College Office to revise a course. The form will be reviewed by the College and forwarded to appropriate campus offices for additional approval.  All gray boxes on this form, except gray check boxes, are expandable text fields. Place your cursor in the box and start typing.  Instructions and guidance to complete certain items in this form are contained in *Revising Existing Courses* (http://provost.illinois.edu/programs/cps/revisingcourses.html) | | | |
| **Department/Unit Name:**  **Department/Unit ORG Code:** 1 | **Course Subject and Number:**           **Course Title:**  **Proposed Effective Term:**  Fall  Spring  Summer - 20 | | |
| **Please indicate current course cross-listings**\***:** | | | |
|  | | | |
| COURSE DISCONTINUANCE (and all cross-lists\*, if any) ; IF CHECKED, SKIP TO #3 | | | |
| **–OR–** *(check the box above or below)* | | | |
| TYPE OF REVISION(S) (check all that apply) | | | |
| Subject  Number  Title  Credit Hours  Description (subject matter)  Grade Mode (e.g., request for use of DFR) | |  | Add  Remove  Revise – Cross-List\*  Add  Remove  Revise – Differential Credit  Add  Remove  Revise – Repeatability  Add  Remove  Revise – Credit Restriction  Add  Remove  Revise – Prerequisite |
| Other, describe: | | | |
|  | | | |
| 1. How revision(s) indicated appear currently: | | | |
|  | | | |
|  | | | |
| 2. how revision(s) indicated would appear after change: | | | |
|  | | | |
|  | | | |
| 3. Justify revision or request: | | | |
|  | | | |
|  | | | |
| **Proposed By:**       **Date:** | | | |

**\*Note: Additional approvals are required.** An authorized official of each non-controlling, cross-listing department must endorse the revisions(s). In addition, if the cross-listing involves a different college, a dean of that college must also approve. (Letter, e-mail, or note written below the Approvals block are all acceptable methods of approval endorsement.)

|  |  |
| --- | --- |
| **COURSE REVISION FORM APPROVALS Course Subject and Number:**           (Signatures required) | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School (if applicable) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Graduate College (Requests for Graduate Credit) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **ADDITIONAL APPROVALS**  The space below may be used for additional approvals involving cross-listed courses – cf. footnote \* above – in lieu of letters or e-mails. Indicate department or college after signature and provide date. | |

Revised 8/2012