Governors State University

AA FORM 40T --- REQUEST TO CHANGE A COURSE TITLE

NOTE: This form is to request a change in course title ONLY, not changes in content, and will be used ONLY during the course re-numbering period.

I. COURSE INFORMATION – COMPLETE ALL ITEMS:

College: ☐ CAS ☐ CBPA ☐ COE ☐ CHHS

Individual Initiating Request: _____ Date: _____

Level: ☐UG ☐G ☐D

Course Title:

☐☐☐

(maximum 31 characters including spaces)

Course Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Division Discipline Index No.

Associated Major/Concentration: _____ Credit Hours: _____

Is this course part of a sequence: □yes □no Sequence Numbers: _____

(Ex. 4309, 4310. 4211)

Prerequisites for this course: _____

For what Course(s) is this course a Prerequisite: _____

II. REASONS SUPPORTING REQUEST: ☐ Supporting Documentation

Please attach: completed syllabus, brief rationale for the name change

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III. RECOMMENDATIONS:

Division/Department Chair: _____ Date: _____

Dean of College: _____ Date: _____

College Curriculum Committee: _____ Date: _____

University Curriculum Committee: _____ Date: _____

*Graduate Council: _____ Date: _____

*For graduate programs only