**Mississippi Valley State University**

**COURSE CHANGE REQUEST FORM**

**Date:**

**Requestor:**

**Department:**

**Effective Date:**

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| **Delete an Existing Course** |
| Course Name, Number & Title |  |
| Rationale |  |

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| **\*Add a New Course** |
| Course Name, Number & Title |  |
| Course Description |  |
| Credit Hours |  |
| Rationale |  |

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| **\*Change Course Name, Number, Description, Credit Hours, or Other** |
| Current Course Name, Number & Title |  | New Course Name, Number & Title |  |
| Current Course Description |  | New Course Description |  |
| Current Credit Hours |  | New Credit Hours |  |
| Current Other  |  | New Other |  |
| Rationale |  |

\*Attach new or revised syllabus.

Is this a Service Course? □ Yes □No

Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Initiator’s Role: □ Department Chair-with faculty approval, □ General Education Committee Chair, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| This □**IS** □ **IS NOT** a SACS-COC Substantive Change. Substantive Changes will require SACS-COC notification and/or approval.SACS Accreditation Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

□ APPROVED □DISAPPROVED

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Curriculum Committee Chair Date

*Rationale if Disapproved:*

□ APPROVED □DISAPPROVED

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Vice President for Academic Affairs Date

 *Rationale if Disapproved:*