

**UNIVERSITY OF RHODE ISLAND
REQUEST FOR CHANGES IN EXISTING COURSES
AND COURSE DELETIONS**

**FOLLOW THE FORMAT OUTLINED BELOW
IF A CATEGORY DOES NOT APPLY, WRITE "NO CHANGE."
FOR DELETION OF A COURSE, WRITE "DELETE COURSE"
LIST THE DEPARTMENT, CURRENT NUMBER AND TITLE IN EACH CASE**

CHANGE FROM

CHANGE TO

CURRENT COURSE NUMBER:		
TITLE:		
CREDITS*:		
METHOD OF INSTRUCTION: (clock hours for Lec. and/Lab)*		
PREREQUISITE:		
CATALOG DESCRIPTION:		

RATIONALE FOR CHANGE:

Requests for cross listing and changes in cross listing must be accompanied by a written statement from the other departments involved that they support the request.

The change(s) proposed above has (have) been approved according to proper procedures of the department of _____.

Department Chair **Date**

College Curriculum Committee Chair **Date**

College Dean **Date**

*Changes in both credits and method of instruction may require a complete course proposal.

JAC