REQUEST FORM PERMANENT COURSE CHANGE

Initiated by (print	t): Date:	Date:		
CHANGING A	COURSE			
FROM:				
Prefix/Number	Descriptive Title	Cr. Hours		
TO:				
Prefix/Number	Descriptive Title	Cr. Hours		
New Description	(if applicable):			
Justification for changing the course (e.g. alignment with other institutions, program revisions, etc.):				
Briefly describe other WOU faculty/programs consulted (attach additional sheet(s) if necessary)				
DELETING A C	<u>COURSE</u>			
Prefix/Number	Descriptive Title	Cr. Hours		
Justification for de	eleting the course:			
Other programs a	uffected/consulted:			
Curer programs a	inceced/consured.			

REQUEST FORM PERMANENT COURSE APPROVAL

Initiated by (print	t):	Date:		
ADDING A COURSE				
Prefix/Number	Descriptive Title	Cr. Hours		
Catalog Description	on:			
Course Goals and Objectives:				
Justification for ad	Iding the course (e.g. alignment with other institu	ations program revision etc.).		
Justineacion for au	ding the course (e.g. angliment with other institu	tions, program revision, etc.).		
Briefly describe other WOU faculty/programs consulted (attach additional sheet(s) if necessary)				
Faculty and Faciliti	ies Needed:			

Attach brief course outline.