

Course Revision Proposal

Title of Proposal: _____

Sponsoring Department(s): _____

Date of Department Vote and Approval: _____

Signature(s) of Sponsoring Chair(s)/Date: _____

Dean's Preliminary Review:

College: _____ CAS _____ LCHS _____ KSOM

Proposal: _____ Complete
 _____ Satisfies University of Scranton Curricular Requirements
 _____ Consistent with College Goals/Mission

Dean's Recommendation:

Recommend _____ Do Not Recommend _____

Additional comments:

--

Dean's Signature/Date: _____

Additional Signatures (i.e. Department Chairs/Program Directors of Impacted Programs and/or of the Library):

Department/Program	Signature	Date
--------------------	-----------	------

Department/Program	Signature	Date
--------------------	-----------	------

Department/Program	Signature	Date
--------------------	-----------	------

Current Course Title: _____
**26 character limit includes spaces, special characters and attributes in parentheses.*

Current Course Number: _____

Type of Course Revision (please check all that apply):

- ☐ Course Title
- ☐ Course Number
- ☐ Pre-Requisite, Co-Requisite, or Concurrent Course
- ☐ Catalog Description
- ☐ Number of credits
- ☐ Other

State Revision(s) to be Made:

Current:

Proposed:

**Include current details (course title, number, description, credits) and proposed revisions.*

Rationale for Revision:

Are SLOs or course content changing to support the revision? ☐ Yes ☐ No

** If yes, please explain in the box below.*

Is the course open to non-majors? ☐ Yes ☐ No

** If yes, please estimate the average number of non-major students enrolled in the course each semester offered.*

Will any programs (majors, minors, concentrations, tracks, graduate program, or specializations) be impacted by this course change? ☐ Yes ☐ No

** If yes, please list the names of the program(s) in the box below and explain the impact and response of those affected. Comment on teach-out plan if applicable.*

** Please note that if a program is impacted by this change, the signature of the Department Chair or Program Director is required on the first page of this proposal.*

Will the revision require allocation/reallocation of University resources? ____ Yes ____ No

** If yes, please list in the box below.*

--

** Please note that if library resources are listed, please obtain the signature of the Department Chair of the Library.*

Required Attachments:

- If the course revision impacts the content of the course, please attach a current syllabus and a proposed syllabus with the ***changes highlighted***.
 - Changes to the following require current and proposed syllabi:
 - catalog description
 - number of credits
 - course content
 - student learning outcomes
 - prerequisites, co-requisites, concurrent courses