Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submit original form and attachments
Health and Kinesiology

1. This request is submitted by the Department of ____________________________

2. Course prefix, number and complete title of course: ____________________________

   Attach a brief supporting statement for changes made to items 3a thru 3d and 5 below.

3. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason): ____________________________
   c. Cross-list with: ____________________________

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 4; enter proposed course title and proposed course description in item 5.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 6. Attach a course syllabus.

4. Complete current course title and current course description:

5. Complete proposed course title and proposed course description (not to exceed 50 words):

6. a. As currently in course inventory:

   Prefix | Course # | Title (excluding punctuation) |
   ------ | --------- | ----------------------------- |
   SAED   | 685      | DIRECTED STUDIES             |

   Lect.  | Lab      | SCH  | CIP and Fund Code | Admin. Unit | FICE Code | Level |
   ------ | --------- | ---  | ------------------ |-------------|-----------|-------|
   12     | 0012     | 1313| 0400041402        | 03632       | 6         |

   b. Change to:

   Prefix | Course # | Title (excluding punctuation) |
   ------ | --------- | ----------------------------- |

   Lect.  | Lab      | SCH  | CIP and Fund Code | Admin. Unit | Acad. Year | FICE Code |
   ------ | --------- | ---  | ------------------ |-------------|-----------|-----------|

   Approval recommended by: ____________________________
   ____________________________

   Head of Department Date
   ____________________________
   ____________________________
   Head of Department (if cross-listed course) Date
   ____________________________
   ____________________________
   Submitted to Coordinating Board by: ____________________________ Date
   ____________________________
   ____________________________
   Associate Director, Curricular Services Date
   ____________________________
   ____________________________
   Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201.
Curricular Services – 11/07