Texas A&M University

Departmental Request for a Change in Course

Undergraduate • Graduate • Professional

Submit original form and attachments •

1. This request is submitted by the Department of: Ecosystem Science and Management

2. Course prefix, number and complete title of course: RLEM 685, Directed Studies.

3. Change requested
   a. Prerequisite(s): From: Graduate majors or minors in range science. To: Science and Management
   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: Directed Studies. Credit 1 to 4 each semester. Investigations not included in student’s research for thesis or dissertation. Lectures, conferences, field work, reports.

5. Complete proposed course title and proposed course description (not to exceed 50 words): Directed Studies. Credit 1 to 4 each semester. Investigations not included in student’s research for thesis or dissertation.

6. a. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RLEM</td>
<td>685</td>
<td>DIRECTED STUDIES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lect.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>FICE Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

   b. Change to:

<table>
<thead>
<tr>
<th>Prefix</th>
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</tr>
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<tbody>
<tr>
<td>ESSM</td>
<td>685</td>
<td>DIRECTED STUDIES</td>
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<tr>
<th>Lect.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>Acad. Year</th>
<th>FICE Code</th>
</tr>
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</tbody>
</table>

   Approval recommended by:

   **Bolster**

   Head of Department

   **Dean of College**

   Chair, College Review Committee

   **November 15, 2008**

   Head of Department (if cross-listed course)

   **Dean of College**

   Date

   **November 15, 2008**

   Submitted to Coordinating Board by:

   **Associate Director, Curricular Services**

   Date

   **Effective Date**

Questions regarding this form should be directed to Sandra Williams at 845-8301.
Curricular Services – 11/07