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: _______________________
   FRSC 632, Forest Genetics

3. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason): No longer taught
   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:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRSC</td>
<td>632</td>
<td>FOREST GENETICS</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>
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<td>0</td>
<td>2 6 0 8 0 5 0 0 2</td>
<td>0 8 4 1</td>
<td>0 3 6 3 2</td>
</tr>
</tbody>
</table>

   b. Change to:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
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<tbody>
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<table>
<thead>
<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>
</thead>
<tbody>
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<td>3 6 3 2</td>
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</tbody>
</table>

   Approval recommended by:

   ____________________________
   Head of Department
   Date ____________________________
   Head of Department (if cross-listed course)
   Date ____________________________

   Submitted to Coordinating Board by:

   ____________________________
   Associate Director, Curricular Services

   ____________________________
   Chairs College Review Committee
   Date ____________________________

   ____________________________
   Dean of College
   Date ____________________________

   ____________________________
   Dean of College
   Date ____________________________

   Effective Date ____________________________

Questions regarding this form should be directed to Sandra Williams at 845.8201.
Curricular Services – 11/07