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 635, Forest Biotechnology

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:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRSC</td>
<td>635</td>
<td>FOREST BIOTECHNOLOGY</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>2</td>
<td>0</td>
<td>0 2 6 1 2 0 1 0 0 2</td>
<td>0 8 4 1</td>
<td>0 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>
</tr>
</thead>
</table>

<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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 0 3 6 3 2</td>
<td></td>
</tr>
</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 ____________________________ Date ________________

   Chair, College Review Committee ____________________________ Date ________________

   Dean of College ____________________________ Date ________________

   Dean of College ____________________________ Date ________________

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