WITHDRAWAL OF COURSES
B1
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type: ☑ Undergraduate ☐ Graduate ☐ First Professional (EDDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Educational Psychology
3. Course prefix, number and complete title of course: EDTC 311 Adaptive/Assistive Technology
4. Change requested
   a. Prerequisite(s): From: ______________________ To: ______________________
   b. Withdrawal (reason): Course will no longer be 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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? ☐ Yes ☑ No
6. If grade type is changing for existing course, indicate the new grade type: ☐ Grade ☑ S/U ☑ P/F (C/LMD)
7. If this course will be stacked, please indicate the course number of the stacked course:
   ☑ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education)
8. Complete current course title and current catalog course description:

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

11. 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>EDTC</td>
<td>311</td>
<td>ADAPTIVE/ASSISTIVE/TECH</td>
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<table>
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<tr>
<th>Lect.</th>
<th>Lab</th>
<th>Other</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>FICE Code</th>
<th>Level</th>
</tr>
</thead>
<tbody>
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<td>3.00</td>
<td></td>
<td></td>
<td>0 0 3 6 3 2</td>
<td></td>
</tr>
</tbody>
</table>

   b. Change to:

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

<table>
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<tr>
<th>Lect.</th>
<th>Lab</th>
<th>Other</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>Acad. Year</th>
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<tbody>
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<td>0 0 3 6 3 2</td>
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</tr>
</tbody>
</table>

Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date

Chair, College Review Committee Date

Dean of College Date

Chair, GC or UCC Date

Submitted to Coordinating Board by:

Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services 08/14
B2
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions

1. Course request type: 
   - Undergraduate ☑
   - Graduate ☐
   - First Professional (DDS, MD, JD, PharmD, DVM) ☐

2. Request submitted by (Department or Program Name): Educational Psychology

3. Course prefix, number and complete title of course: EPSY 428 Collaboration in School Settings

   Attach a brief supporting statement for changes made to items 4a thru 10, and 11 below.

4. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________

   b. Withdrawal (reason): Course will no longer be 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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? ☐ Yes ☑ No

6. If grade type is changing for existing course, indicate the new grade type: ☐ Grade S/U ☐ P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course: ☐ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

8. Complete current course title and current catalog course description:

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

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

11. a. As currently in course inventory:

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<tr>
<th>Prefix</th>
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</thead>
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<td>EPSY</td>
<td>428</td>
<td>COLLAB IN SCHOOL SETTINGS</td>
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<th>Lab</th>
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<th>SCH</th>
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</tr>
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</table>

   b. Change to:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
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<th>Lab</th>
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</table>

Approval recommended by:

Department Head or Program Chair (Type Name & Sign) [Signature] [Date] 3/16/15

Chair, College Review Committee [Signature] [Date] 3/16/15

Dean of College [Signature] [Date]

Submitted to Coordinating Board by:

Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandrawilliams@tamu.edu

Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submits original form and attachments

Form Instructions
1. Course request type: ☒ Undergraduate ☐ Graduate ☐ First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Educational Psychology
3. Course prefix, number and complete title of course: SEFB 426 Effective Instruction of Students of Diverse Abilities
   Attach a brief supporting statement for changes made to items 4a through 10 and 11 below.
4. Change requested
   a. Prerequisite(s): From: ___________________________________________ To: ___________________________________________
   b. Withdrawal (reason): Course will no longer be 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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and 11b for a change in title.
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   f. Is this an existing core curriculum course? ☐ Yes ☒ No
   g. If grade type is changing for existing course, indicate the new grade type: ☐ Grade ☐ S/U ☐ P/F (CLMD)
   h. If this course will be stacked, please indicate the course number of the stacked course: ☐

   I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basic-for-distance-education).

5. Complete current course title and current catalog course description:

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

7. As currently in course inventory:

   Prefix    Course #    Title (excluding punctuation)
   SEFB      426        EFFECT INSTGR DIVERSE ABL

   Lect.    Lab    Other    SCH    CIP and Fund Code    Admin. Unit    FICE Code    Level
   2.00    3.00    3.00    -    0 0 3 6 3 2

   b. Change to:

   Prefix    Course #    Title (excluding punctuation)

   Lect.    Lab    Other    SCH    CIP and Fund Code    Admin. Unit    Acad. Year    FICE Code    Level

   Approval recommended by: ________________________________ Date

   Department Head or Program Chair (Type Name & Sign) ________________________________ Date

   Department Head or Program Chair (Type Name & Sign) ________________________________ Date

   Submitted to Coordinating Board by: ________________________________ Date

   Associate Director, Curricular Services ________________________________ Date

Questions regarding this form should be directed to Sandra Williams at 845-8231 or sandra. williams@tamu.edu
Curricular Services – 08/14