

SUBMITTED BY:

Department

CRCO

Prepared

By

474 6528

Email

Contact

N/A

:

Dept

CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG: including dept., number, title and credits. (Use online Catalog to cut and paste.)

5. **IS THIS COURSE CURRENTLY CROSS-LISTED?**

YES/NO

If Yes, DEPT

NUMBER

(Requires written)

6. **ESTIMATED IMPACT**

We expect no measurable impact to any of the above from this change.

7. IMPACTS ON PROGRAMS/DEPTS:

JUSTIFICATION FOR ACTION REQUESTED

APPROVALS: Add signature blocks as necessary (e.g., cross listing approvals)

Walter G. L.

[Signature]

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE

1
All programs departments will be affected by this proposed action.
Programs existing and proposed (e.g., health care)

APPROVALS. Add signature blocks as necessary (e.g., cross listing approvals)

Handwritten notes and signatures:
- "a" with a checkmark
- "710" with a checkmark
- "Muni" with a checkmark
- "if" with a checkmark
- "cc" in blue ink
- "are" and "r" in blue ink

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE

Received by Registrar