If changes cannot be considered 'Minor ( s ined above), use the FORMAT 2 - CHANGE COURSE (MAJOR) and DROP COURSE f Include program change form (Format 5 or 5A) as appropriate SUBMITTED BY: Department College/School **Develo mental Education** Prepared Phone C. Hardy by Email Faculty Contact clhardy@alaska.edu Contact 1. COURSE IDENTIFICATION: DEVE **Preparatory College Writing I** (Requires approval of both departments and deans involved Add lines at end of form for such signatures.) Dept.

=	TO	mutter o	COTTO	ATTO DESIGNATION OF THE PARTY O	COOCC TTCHTO
5.	13	THIS	COURSE	CURRENTLY	CROSS-LISTED?

YES/NO If Yes, DEPT NUMBER

(Requires written notification of each department and dean involved Attach a copy of written notification.)

## 6. ESTIMATED IMPACT

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES SPACE, FACULTY, ETC

None.

## JUSTIFICATION FOR ACTION REQUESTED

t.

S 0

f С ое

Signature Chair

Program/Department of:

Signature, Chair, College/School Curriculum Council for

Signature Dean College/School of

al Chreation

Date

Date

ALL SIGNATURES MUST BE OBT	AINED	PRIOR	TO	SUBMISSION	TO	THE	REGISTRAR'	S OFFICE
					D	ate		