

**Proposal to Change a Graduate Course**

Department: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Will this course be cross-listed with an undergraduate or other graduate course?  YES  NO

*If yes, please complete an attach to this proposal a Permission to Cross-List a Graduate Course form.*

Course change(s) will go into effect: \_\_\_\_\_

Change(s) desired:

Justification for change(s)

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date approved by the Department: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Schools' Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to the Graduate School Office for Further Processing**

Signature of Chair of the Faculty Committee on Graduate and Continuing Education

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chair of Grad Council: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Faculty Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

**If more space is needed for any section, please attach additional sheets to this form.**