



WILLISTON STATE COLLEGE

COURSE CHANGE/INACTIVATION FORM

<input type="checkbox"/> COURSE CHANGE REQUEST		<input type="checkbox"/> COURSE INACTIVATION REQUEST		
REQUESTER	DATE	DEPART		
PHONE	EMAIL			
COURSE TITLE				
COURSE PREFIX & NO.	GR BASIS	CREDITS	MIN	MAX
TERM & YEAR OF IMPLEMENTATION	FALL 20__	SPRING 20__	SUMMER 20__	
SEC SIZE	REP. FOR CREDIT		PRE-REQ	
Y <input type="checkbox"/> N <input type="checkbox"/>	COURSE FEE		COMP.	
CO-REQ	TEST PL		SYLLABUS INCLUDED	
Y <input type="checkbox"/> N <input type="checkbox"/>	COG INCLUDED		Y <input type="checkbox"/> N <input type="checkbox"/>	

COURSE CHANGES		
	PRESENT	PROPOSED
TITLE		
NUMBER		
CREDITS		
DESCRIPTION		

RATIONALE FOR CHANGE OR INACTIVATION

RECOMMENDATION (SIGNATURE IMPLIES PERSON AGREES WITH THIS RECOMMENDATION)		
	SIGNATURE	DATE
PROGRAM COORDINATOR		
DEPARTMENT CHAIR		
CURRICULUM CHAIR		



WILLISTON STATE COLLEGE

COURSE CHANGE/INACTIVATION FORM (CONTINUED)

COMMITTEE ACTION				
FIRST READING <input type="checkbox"/>	SECOND READING <input type="checkbox"/>	THIRD READING <input type="checkbox"/>	APPROVED <input type="checkbox"/>	UNAPPROVED <input type="checkbox"/>
CURRICULUM CHAIR SIGNATURE			DATE	

FOR OFFICE USE ONLY (APPROVAL/PUBLICATION PROCESS)		
	SIGNATURE	DATE
APPROVED BY VP FOR ACADEMIC AFFAIRS (BUDGET CONSIDERATION)		
REGISTRAR UPDATED PEOPLESFT		
EXEC. ASSIST. FOR ACADEMIC AFFAIRS (WEBSITE & CATALOG UPDATES)		