



# Proposal to Revise a Course

Catalog Year: 2020-2021

**\*Review Before Completing This Proposal\***

1) This proposal is only for revising a course that currently appears in the academic catalog; or, for reactivating a course that has been removed from the current academic catalog. If you are proposing a new course, complete the Proposal to Create a Course form.

2) Any incomplete proposals will be returned to the Department Chair and/or Dean.

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

Department Chair or Dean: \_\_\_\_\_

Division (check all that apply):            Day School            CCPS            Graduate Studies

Course Prefix & Number: \_\_\_\_\_

Catalog Course Title: \_\_\_\_\_

**Revision (check all that apply):**

Credit Hours

Inactivating a Course

Prerequisites/Co-Requisites

Reactivating a Course

Other: \_\_\_\_\_

**Complete the Following Sections as Applicable to the Proposed Revision:**

**Credit Hours:**

If increasing or reducing the number of credit hours for a course, provide a brief explanation as to why the change is being proposed. Attach additional materials as necessary.



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## **Inactivating a Course:**

If inactivating a course, please provide the rationale for why the course is to be made inactive. Attach additional materials as necessary.

## **Prerequisite and/or Co-Requisite Changes:**

List prerequisite/co-requisite changes for the course. If the course is both a Day and CCPS course, will the change be made in both catalogs? Attach additional materials as necessary.



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## Reactivating a Course:

If reactivating a course, title and course description will remain the same. Departments may only propose a change to either the course's title or the course's description. If requesting to amend the title or description, provide the proposed change below and a rationale for the change. Attach additional materials as necessary.

If reactivating a course, do you currently have qualified faculty to teach the course?      Yes      No

Name(s) of faculty member(s): \_\_\_\_\_

## Other:

Either a title change or a description change may only be made once during a course's lifetime. If requesting to amend the title or description, provide the proposed change below and a rationale for the change. Attach additional materials as necessary.



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## Department Vote

Has your department voted on this proposed change?      Yes      No

If yes, what was the vote count?

Vote Count:    Yes \_\_\_\_\_    No \_\_\_\_\_    Abstain \_\_\_\_\_

## Approval Process

Signature

Date

Department Chair or  
Graduate Program Director (if applicable) \_\_\_\_\_

Dean of School \_\_\_\_\_

Provost of Adult, Online, and  
Graduate Education (if applicable) \_\_\_\_\_

Submit all proposal forms and additional materials as needed directly to Bethany Talley via campus mail, Bay Hall 139 or by email at [btalley002@drury.edu](mailto:btalley002@drury.edu).

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## For Office of the Registrar's Use Only

Signature

Date

Registrar \_\_\_\_\_

Provost \_\_\_\_\_