**Form B – COURSE REVISIONS\***

Course **Change** Routing Sheet

(This form is used for making changes to specific courses, *not* programmatic changes.)

\* Expedited Form B for simple changes is allowed in the following cases only. Simple changes are limited to: a) change in course number, b) title change, c) units (credits) changes for a course only d) simple description change that does not change course content, or e) prerequisite changes related to a major in a **single** department. In these cases, the form may flow from the department chair to the Provost and Vice Chancellor without other levels of approval. (Cross-listed courses can be expedited with chair signatures from both departments/programs that list the course.) All other Form B revisions must pass through the college and dean levels.

**Department Name**:       **Your Name, Email, and/or Phone Number**:

**Requested** **Course Title** **and** **Course Catalog Number** **for update**:

**Effective Term/Year:**

**Check boxes below for each update requested:**

**[ ]  Course Title**: Current:       New:

**[ ]  Catalog Number**: Current:       New:

 (Consult Registrar’s Office x0933)

**[ ]  Course Description**: Current:       New:

**[ ]  Prerequisites:** Current:       New:

If prerequisite change involves a course from another department, please ask

department chair to sign off on this form.

**[ ]  Units (Credits):** Current:       New:

 Variable Credit: [ ]  No [ ]  Yes; if yes, variable from:       credits to:

 Repeatable for Credit: [ ]  No [ ]  Yes; if yes, maximum total units:

 Repeatable within same semester: [ ] Yes [ ] No

**[ ]  Dual Level Listing** (UG/G): If updating, describe here:

**[ ]  Cross Listing**: If yes, explain here:       (seek approval from other departments on signature page) (If the course will be cross-listed, remember to include a statement in the Course Description above. Example: *Cross-listed with English 434*.)

 If removing cross listing, explain here:

**[ ]  Course Deletion**: Explain here:

**[ ]  Grading Basis**: [ ]  Letter Grade [ ]  Pass/Fail

**[ ]  Course Component(s)**: Check all that apply:

[ ]  Lecture (An instructional method in which the instructor presents data and little discussion occurs. Most Lecture components include some general discussion. “Discussion” should only be checked if this is separate from the Lecture component. If the course is ever offered online, the specified number of Lecture hours will be replaced by an equivalent amount of time spent in “Substantive Interaction” between the instructor and students.)

       Hours per week       Total # of Hours

 [ ]  Laboratory/Studio       Hours per week       Total # of Hours

[ ]  Discussion       Hours per week       Total # of Hours

[ ]  Field Experience       Hours per week       Total # of Hours

[ ]  Independent/Individual Instruction       Hours per week       Total # of Hours

[ ]  Seminar/Colloquia       Hours per week       Total # of Hours

**Will this course be added to the University Studies Program**: [ ]  Yes [ ]  No

(If you wish to have your course added to the University Studies Program, or if you want to change its USP designation in any way, fill out the USP Course approval form.)

**Global Scholar (GS) Designation** [ ]  Yes [ ]  No

(applies only to 300/400 level courses)

**Access Campus Courses Only:**

If FF attributes are being added, deleted or changed for this course, list the 4-letter code(s) here for the FF attributes to be attached to the course:

 Associate Dean for Academic Affairs at Access Campuses

 **Signature:**       **Date**:

**[ ]  Other Notes or Additional Change(s)** - clearly describe here:

 **Rationale**:

## **Course Syllabus**: Attach as a separate file:

Are new resources required? [ ]  No [ ]  Yes; if yes, please explain:

Course content related to other curricula:

**Additional review sign-off:**

**(Including USP, Global Scholars, Honors, etc.)**

**Approvals and Distribution**: Print your name; sign your name, date; check only if you want a copy of the approved Form B. Be sure to indicate in the last line any others who should receive the approved copy.

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Print Name | Sign Name | Date |
| Originator (if other than Dept Chair and must be faculty member) |       |  |       |
| Registrar |       |  |       |
| Department Chair #1 |       |  |       |
| Department Chair #2 (Applicable for cross listing approval) |       |  |       |
| Department Chair #3 (Applicable for cross listing approval) |       |  |       |
| Division Chair |       |  |       |
| Curriculum Committee Chair |       |  |       |
| Dean/College |       |  |       |
| Grad Studies (if applicable) |       |  |       |
| USP Chair (if applicable) |       |  |       |
| Provost & Vice Chancellor | Edwin Martini |  |       |
| Additional Recipient(s) |       | (Email Address)      |       |

***Revised: March 2022***