



WILLISTON STATE COLLEGE

COURSE CHANGE/DELETE FORM

COURSE CHANGE REQUEST

 COURSE DELETION REQUEST

REQUESTER		DATE		DEPART	
COURSE TITLE					
COURSE PREFIX & NO.		GR BASIS		CREDITS	MIN MAX
EFF DATE		EFF TERM		SEC SIZE	
REP. FOR CREDIT	Y N	COURSE FEE		PRE-REQ	
CO-REQ		TEST PL		COMP.	

COURSE CHANGES		
	PRESENT	PROPOSED
TITLE		
NUMBER		
CREDIT		
DESCRIPTION		

RATIONALE FOR CHANGE

RECOMMENDATION (SIGNATURE IMPLIES PERSON AGREES WITH THIS RECOMMENDATION)

	SIGNATURE	DATE
PROGRAM COORDINATOR		
DEPARTMENT CHAIR		
CURRICULUM CHAIR		

COMMITTEE ACTION

FIRST READING	SECOND READING	THIRD READING
APPROVED		UNAPPROVED

FOR OFFICE USE ONLY (APPROVAL/PUBLICATION PROCESS)

	SIGNATURE	DATE
APPROVED BY VP FOR INSTRUCTION (BUDGET CONSIDERATION)		
REGISTRAR UPDATED PEOPLESFT		
WEBMASTER FOR WEBSITE UPDATE		
DESIGNEE UPDATED INSTRUCTIONAL WEBPAGES		
LIST WEBPAGES:		
ADMIN. ASSISTANT FOR INSTRUCTION UPDATED CATALOG		