

# Form 02 – Course – Modify

## Instructions

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Use this form to make changes/modifications to an existing course found in the [2018-2019 General Catalog](#). Please follow the instructions found on this document and complete the form in its entirety. For any questions or concerns, contact the Associate Provost's Office.

- 1) Save the PDF document with the following naming convention: Course Modify – [Prefix Number].pdf.
- 2) **Section 00. Requested Changes:** Check all boxes that reflect the changes being made.
- 3) **Section 01. Catalog & Banner Information – CURRENT:** Complete all required fields and any applicable optional fields with the current course information. For help, contact [catalog@suu.edu](mailto:catalog@suu.edu).
- 4) **Section 02. Catalog & Banner Information – REQUESTED CHANGES:** Complete **ONLY** the fields that are being changed. If a co-requisite or single prerequisite is being deleted, write "DELETE" in the appropriate textbox; leave blank for no change.
- 5) **Section 03. Course Curriculum & Content Information:** Complete this section only if a significant change is being proposed (see section for examples).
- 6) **Section 04. General Education Designation:** Complete this section if the course is looking to add, modify, or remove General Education status.
- 7) **Section 05. Course Consolidation:** Complete this section if two or more courses are to be merged/consolidated into a single course. List all courses to be merged.
- 8) **Section 06. Justification for Change:** Complete all required fields. If the course is seeking to add or modify its GE designation, provide a short narrative (attach a separate document if necessary).
- 9) **Section 07. Effect of Change:** Complete all required fields (attach a separate document if necessary). Select "Yes" or "No" to indicate if the course modification will affect any Elementary or Secondary Education program. If yes, the course modification will also need to be approved by the Professional Education Coordinating Council.
- 10) **Section 08. Requested Implementation Date:** Select the catalog year for the modified program to take effect. Catalog years start in summer semesters.
- 11) **Section 09. Signatures:** Type in the appropriate name and check the box.
- 12) Send completed electronic document to [katyakonkle@suu.edu](mailto:katyakonkle@suu.edu) via the Dean's Office by the [posted deadlines](#) for university-wide curriculum committees. Do not scan or "flatten" document.

## Section 00. Requested Changes

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Select all categories that apply:

Level/Prefix/Number/Title/Sequencing/Description

Type & Grading

Credits & Contact Hours

Co-requisites & Prerequisites

Variable Topics & Repeatability

Enrollment Considerations

General Education Designation

Course Consolidation

# Form 02 – Course - Modify

## Section 01. Catalog & Banner Information – CURRENT

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Level Department  
Prefix Course Number  
Course Long Title *(up to 70 chara)*  
Transcript Title *(up to 30 chara)*  
Semester(s) Offered  
Course  
Description

### Type & Grading Information

Schedule Type Method of Grading

### Credits & Contact Hours

Credit(s) Max. Credit(s) *(variable credit courses only)*  
Contact Hours Max. Contact Hours *(variable credit courses only)*

### Co-requisites & Prerequisites

Co-requisites

Prerequisites

Prerequisite(s) Minimum Grade

Can Prerequisite Be Concurrent? Yes No If yes, which one(s)?

Prerequisite Test? Yes No If yes, what test(s)?

Prerequisite Test Score

### Variable Topics & Repeatability

Variable Topics Course? Yes No

If yes, provide examples:

Is the course repeatable for credit? Yes No Maximum Credits **OR** # Times

### Enrollment Considerations

*For the following field, enter any restrictions on enrollment that should be placed on the proposed course. See examples below. If the course has no restrictions, write "None."*

- [Class] standing required (e.g., Junior or Senior standing required)
- [Student group/attribute] students only (e.g., Honors students only)
- [Major] majors only (e.g., Nursing majors only)
- [Degree] may not enroll (e.g., Master of Arts students may not enroll)

## Form 02 – Course - Modify

### Section 02. Catalog & Banner Information – REQUESTED CHANGES

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Level  
Prefix  
Course Long Title *(up to 70 chara)*  
Transcript Title *(up to 30 chara)*  
Semester(s) Offered  
Course  
Description

Department  
Course Number

### Type & Grading Information

Schedule Type  
Method of Grading

### Credits & Contact Hours

Credit(s)  
Contact Hours

Max. Credit(s) *(variable credit courses only)*  
Max. Contact Hours *(variable credit courses only)*

### Co-requisites & Prerequisites

Co-requisites  
Prerequisites  
Prerequisite(s) Minimum Grade  
Can Prerequisite Be Concurrent?      Yes      No      If yes, which one(s)?  
Prerequisite Test?      Yes      No      If yes, what test(s)?  
Prerequisite Test Score

### Variable Topics & Repeatability

Variable Topics Course?      Yes      No  
If yes, provide examples:

Is the course repeatable for credit?      Yes      No      Maximum Credits      **OR** # Times

### Enrollment Considerations

*For the following field, enter any restrictions on enrollment that should be placed on the proposed course. See examples below. If the course has no restrictions, write "None."*

- [Class] standing required (e.g., Junior or Senior standing required)
- [Student group/attribute] students only (e.g., Honors students only)
- [Major] majors only (e.g., Nursing majors only)
- [Degree] may not enroll (e.g., Master of Arts students may not enroll)

## Form 02 – Course - Modify

### Section 03. Course Curriculum & Content Information

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Complete this section only if one or more of the following significant changes are being proposed to the existing course:

- Course level changes from lower-division (1000-2999) to upper-division (3000-4999)
- Course level changes from upper-division (3000-4999) to lower-division (1000-2999)
- Credit hours increase or decrease
- Other significant course changes (check with Associate Provost's Office if unsure)

Complete the fields below or provide attachments for the following:

1. Learning Outcomes
2. Learning Activities
3. Assessment Methods

#### Learning Outcomes

What should students be able to know, do, and/or value when completing this course?

#### Learning Activities

How will you help students achieve the learning outcomes (e.g., discussion, group work, lecture, reading assignments, etc.)?

#### Assessment Methods

How will you determine to what degree students have achieved the learning outcomes (e.g., exams, papers, portfolio, projects, etc.)?

#### Course Syllabus & Faculty CV

Provide an updated syllabus that will be used. (See Policy [6.8.2.](#))

## Form 02 – Course - Modify

### Section 04. General Education Designation

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Complete this section only if you are requesting a change to the course's GE designation/status. If this is not applicable, skip to Section 05.

Refer to these resources for the following questions:

- [General Education Mission Statement](#)
- [Core & Knowledge Area Learning Outcomes \(KALOs\)](#)
- [SUU's 15 Essential Learning Outcomes](#)
- [General Education Resources & Assessment](#)

Is the course looking to add, modify, or delete a GE designation?

#### COMPLETE THE FOLLOWING IF ADDING OR MODIFYING GENERAL EDUCATION

Current GE Designation(s)

Requested GE Designation(s)

(1)

(1)

(2)

(2)

How does the course fulfill the mission and learning outcomes of General Education?

How does this course reflect the Knowledge Area Learning Outcomes (KALOs) of the requested GE Core/  
Knowledge Area(s)?

### Syllabus

Refer to the [ELOs mapped to GE](#) document to answer the questions in this subsection. Provide an updated syllabus for the course.

Does the sample syllabus include....

assigned and optional ELOs?	Yes	No
proposed learning activities to integrate these GE ELOs?	Yes	No
proposed assessment strategies for these GE ELOs?	Yes	No

## Form 02 – Course - Modify

### COMPLETE THE FOLLOWING IF DELETING GENERAL EDUCATION

Current GE Designation(s) to Remove (1)

(2)

*Please note the following questions are for information purposes only for the General Education Committee. Any new GE designation request must fill out the appropriate year Form #01 - Course - New/Experimental (for creating a brand-new course with GE designation) or Form #02 - Course - Modify (for changing GE designation on an existing course). These questions will help the GE Committee be prepared for the new request.*

Will this course be replaced in the Core/Knowledge Area with a different course?      Yes      No

If yes, which course and why?

## Section 05. Course Consolidation

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*Complete this section only if you are requesting a course consolidation. If this is not applicable, skip to Section 06.*

List the course(s) that are to be consolidated/merged with the course being modified:

## Section 06. Justification for Change

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Why is this change necessary?

If seeking new/modified GE designation, why should this course be GE? How is this course differentiated from SUU's current GE offerings?

## Form 02 – Course - Modify

### Section 07. Effect of Change

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What effect will this change have on programs, degrees, the department, and other courses?

What effect will this change have on resources (e.g., faculty, staff, facilities, equipment, library)?

Does this course modification impact the Elementary and/or Secondary Education majors?      Yes      No

### Section 08. Requested Implementation Date

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Select Catalog Year

### Section 09. Signatures

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<b>Originator</b>		<b>Prof. Ed. Coordinating Council Chair</b> <i>(Approval required for courses utilized by Elementary &amp; Secondary Education majors)</i>	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
<b>Department Curriculum Committee Chair</b>		<b>General Education Committee Chair</b> <i>(If course adds, modifies, or removes General Education status)</i>	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
<b>Department Chair</b>		<b>University Curriculum Chair</b>	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
<b>College Curriculum Committee Chair</b>		<b>Provost</b>	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	