**Request for Revision to Course**

(Undergraduate Course Numbers through Course Number 699)

Department:       College:       Submission Date:

Contact Person:       [ ]  Faculty member [ ]  Chair

Revision Effective:       (Semester/Year)

Offered: (check all that apply)

[ ]  Fall

[ ]  Spring

[ ]  Summer

Is this revision related to, and/or affect, any other department’s/college’s/unit’s curricula or programs at

Pittsburg State University?

[ ]  Yes [ ]  No

*Whether a “yes” or “no” response, please provide an explanation. Provide documentation of any discussions (e.g. copies of e-mails, memos, etc.) that have occurred.*

Purpose/Justification for Revision to Course:

**Existing Course:**

Course Number:

Title of Course:

Credit Hours:

Prerequisite:

Course Description (**as it appears in the current catalog**):

**Proposed Course:**

Course Number:

Title of Course:

Credit Hours:

Prerequisite:

Course Description (**as it will appear in the next catalog**):

**Additional Questions**

1. Is this course to be considered for General Education? [ ]  Yes [ ]  No

If “yes,” please indicate the University’s General Education Goals met by this course AND the assessment data that will be collected to measure these goals:

*Please realize that it will need to gain approval of the General Education Committee.*

1. Will this course be required of any education majors? [ ]  Yes [ ]  No

 *If “yes,” please realize that it will need to have the approval of the Council for Teacher Education*.

1. What additional costs will be required for revising this course (e.g. staffing, equipment, etc.)?

PITTSBURG STATE UNIVERSITY

LEGISLATIVE PROCESS

AUTHORIZATION/NOTIFICATION SIGN-OFF SHEET

[ ]  Approved: Department Chairperson

 Date \_\_\_\_\_\_\_ Signature, Department Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: College Curriculum Committee

 Date \_\_\_\_\_\_\_ Signature, College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Dean of College

 Date \_\_\_\_\_\_\_ Signature, Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: General Education Committee (if applicable)

 Date \_\_\_\_\_\_\_ Signature, General Education Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Council for Teacher Education (if applicable)

 Date \_\_\_\_\_\_\_ Signature, Council for Teacher Education Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Faculty Senate University Undergraduate Curriculum Committee

 Date \_\_\_\_\_\_\_ Signature, Undergraduate Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Faculty Senate

 Date \_\_\_\_\_\_\_ Signature, Recording Secretary, Faculty Senate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each college curriculum representative will notify their respective college and department(s) of the completion of the approval process.

Originating Department: Please complete this form and upload to the Zimbra Briefcase*, “Undergraduate Curriculum Legislation”* (within the appropriate College folder, *“Preliminary Legislation”*)*,* to allow for review and questions*.* Any modifications should be saved as *“original file name.version2.docx”* (e.g. MATH 343.version 2.docx) and uploaded as well.

Please print the final version of this form, apply the appropriate signatures, and forward to the Office of the Registrar.

Please Note: This is a 2-3 month process, at least, and is designed to eliminate questions and concerns at the beginning of the process. Any questions/concerns not addressed prior to the College Curriculum Committee and the Faculty Senate University Undergraduate Curriculum Committee, may result in anadditional month added to the process.