

PITTSBURG STATE UNIVERSITY
Office of Graduate and Continuing Studies
Request for Revision of Course

Department/School of _____ College _____

Date Submitted _____ Effective Date _____

Request for change (check all that apply):

	Existing	Proposed
Title		
Course Number		
Credit Hour		
Grading System	A-F P/F IN IP	A-F P/F IN IP
Course Description (Copy and Paste existing course description)		

Why is this course being changed?

Date _____ Signature, Departmental Curriculum Committee Chairperson _____

Date _____ Signature, College Curriculum Committee Chairperson (if applicable) _____

Date _____ Signature, Council for Teacher Education Chairperson (if applicable) _____

Date _____ Signature, Dean of College _____

Date _____ Signature, Graduate Council Chairperson _____

Approved for effective date: _____

Once approved, this information will be submitted to the Registrar's Office for catalog changes.