

<p><b>REASON FOR PROPOSED CHANGE:</b>  <i>(e.g. Assessment of SLOs, advisory committee recommendation, agency mandate, etc. If C-ID, include descriptor number. Use an additional sheet, if necessary.)</i></p>	
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<b>CURRENTLY APPROVED (COMPLETE ALL FIELDS)</b>			
1. SUBJECT: <small>(5 ALPHA LIMIT)</small>	2. CATALOG #: <small>(5 CHARACTER LIMIT)</small>		
3. FULL DESCRIPTIVE TITLE: <small>(40 CHARACTER LIMIT)</small>	4. UNITS:		
5. NUMBER OF HOURS: <small>(PER WEEK, BASED ON 18-WEEK TERM)</small>	LECTURE:	LABORATORY:	*SUPPLEMENTAL LEARNING: <small>*SLA changes or additions require an IS signature</small>
6. MATERIALS FEE:	7. CLASS SIZE MAXIMUM:	8. TEACHING UNITS:	
9. GRADE CHOICE:	LETTER GRADE: <input type="checkbox"/>	STUDENT CHOICE: <input type="checkbox"/>	PASS/NO PASS: <input type="checkbox"/>
10. PREREQUISITES:			
11. COREQUISITES:			
12. RECOMMENDED PREPARATION:			
13. CATALOG DESCRIPTION:			

**Changes to items 1, 2, 3, or 4 require revision of Program of Study language:**

Please check to confirm current *Program of Study* language is attached.  
*\*Checking this box means the department has approved program modifications and grants Academic Services permission to make Program Changes (effective the subsequent year)*

Please check to confirm current *CTE Advisory meeting minutes* are attached.

<b>INACTIVATE A COURSE</b>
<input type="checkbox"/> This course is to be INACTIVATED.
<input type="checkbox"/> Please check to confirm department-wise consultation has occurred.
THIS COURSE IS A PREREQUISITE OR COREQUISITE FOR THE FOLLOWING COURSES OUTSIDE OF THE DISCIPLINE: <i>(e.g. ID 80 is a prerequisite for ARCHT 30)</i>
<input type="checkbox"/> Please check to confirm that cross-disciplinary discussions and agreement to inactivate occurred.
<b>To be completed by Academic Affairs Dean</b> Awards/programs this inactivation impacts:

**PROPOSED COURSE MODIFICATION****(ONLY COMPLETE FIELDS THAT ARE CHANGING. COURSE OUTLINE MUST BE UPDATED)**

1. SUBJECT: (5 ALPHA LIMIT)		2. CATALOG #: (5 CHARACTER LIMIT)	
3. FULL DESCRIPTIVE TITLE: (40 CHARACTER LIMIT)			4. UNITS:
5. NUMBER OF HOURS: (PER WEEK, BASED ON 18-WEEK TERM)	LECTURE:	LABORATORY:	*SUPPLEMENTAL LEARNING: *SLA changes or additions require an IS signature
6. MATERIALS FEE:	7. CLASS SIZE MAXIMUM:		8. TEACHING UNITS:
9. GRADE CHOICE:	LETTER GRADE: <input type="checkbox"/>	STUDENT CHOICE: <input type="checkbox"/>	PASS/NO PASS: <input type="checkbox"/>
<input type="checkbox"/> Please check to confirm <b>one</b> <i>Requisite Validation Form</i> for <b>each</b> requisite added is completed and attached.			
Please check if course will be removed from one or more awards and/or GE breadth patterns: <input type="checkbox"/> CSU-GE Breadth (Plan B) <input type="checkbox"/> IGETC Request/Status (Plan C) <input type="checkbox"/> Other articulation/for transfer			
10. PREREQUISITES:			
11. COREQUISITES:			
12. RECOMMENDED PREPARATION:			
13. CATALOG DESCRIPTION:			

**EQUIVALENT OR RELATED COURSES INFORMATION**

14. CORRESPONDING HONORS CRS: (Submit additional form for Honors course and update outline)
15. THIS COURSE IS CROSSLISTED WITH:
16. THIS COURSE IS PARALLEL TO:
17. Distance Learning Addendum exists. Update is attached. <input type="checkbox"/>

**SIGNATURES**

DEPARTMENT HEAD:	Date:
SCHOOL DEAN:	Date:
*INSTRUCTIONAL SPECIALIST:	Date:
**DEAN, ACADEMIC AFFAIRS:	Date:
**ARTICULATION OFFICER:	Date: