



CURRICULUM & ARTICULATION FORM

Please use this printable form for course changes, additions, deletions, and for new programs or changes to existing programs. For most changes, you will need to submit additional forms as well. For a full explanation of the process see [Navigating the Maze that is Curriculum & Articulation](#) and [Curriculum & Articulation Committee](#).

SUBMISSION INFORMATION

NAME: _____ PHONE NUMBER: _____ SUBMISSION DATE: _____

SUBMISSION PURPOSE

| | | |
|---------------------------|---------------------|----------------------|
| ADD A NEW COURSE | REACTIVATE A COURSE | CREATE A NEW PROGRAM |
| REVISE AN EXISTING COURSE | DEACTIVATE A COURSE | CHANGE A PROGRAM |
| DEACTIVATE A PROGRAM | | |

COURSE INFORMATION

PREFIX AND NUMBER: CROSS-LISTED AS: CREDITS: GRADING BASIS (A-F OR S/U):

TRANSFERABILITY: Course is TRANSFERABLE for an NSHE Baccalaureate degree
 Course is NON-TRANSFERABLE (formerly called a "B" course)

REPEATABILITY: A student may earn credit[s] for this course only one time and can retake this course to improve a grade, but will not receive credit more than once.
 After successfully completing this course once, a student may repeat this class for additional credit:
 Up to a total of _____ credits OR up to a total of _____ times.

TITLE: Is this a title change? Yes No New Course

CATALOG DESCRIPTION: Provide new description or leave blank if not changing.

PREREQUISITE(S): Provide new prerequisites or leave blank if not changing.

COREQUISITE(S): Provide new corequisites or leave blank if not changing.

NOTIFICATIONS: Which Departments and Deans have you notified? New programs must be discussed with the VPASA.

COMMON COURSE NUMBERING APPROVAL:

If this requires Common Course Numbering approval, what date did you send out the CCN form to ALL six of the other NSHE institutions (universities included)?

Please attach all e-mail replies you receive, as they are required by the System Office.

DEGREE/CERTIFICATE PROGRAM INFORMATION

THIS COURSE IS: NOT a Program Requirement
 A Program Requirement

PROGRAMS: If this is a program requirement, list the applicable program(s) below.

NOTES OR COMMENTS

ADDITIONAL NOTES AND COMMENTS: Attach an extra page if necessary.

APPROVALS

| | |
|-------------------------------------------------|-------|
| _____ | _____ |
| SUBMITTER | DATE |
| _____ | _____ |
| DEPARTMENT CHAIR | DATE |
| _____ | _____ |
| PEOPLESOFT/CATALOG ADMINISTRATOR | DATE |
| _____ | _____ |
| CURRICULUM AND ARTICULATION COMMITTEE CHAIR | DATE |
| _____ | _____ |
| ARTICULATION OFFICER | DATE |
| _____ | _____ |
| VICE-PRESIDENT FOR ACADEMIC AND STUDENT AFFAIRS | DATE |