

**INSTRUCTIONS**

This form should be submitted by the appropriate Department Chair or Interdisciplinary Program Director electronically. Deadline for submitting forms are listed on the Graduate School website. Requests are reviewed and voted upon by the Graduate Council and Graduate Faculty. The criteria that will be used in this assessment are: adequacy of description (in the case of additions or changes), appropriate justification for the request, and grammar and clarity. Any forms not completed correctly will be returned to sender. **For Reynolda Campus courses, please send this form to Sarah Simpson (slaffert@wfu.edu). For Biomedical Sciences courses, please send this form to Jennie McGuire (jrmcguir@wakehealth.edu). Please include a syllabus with your course form.**

**DEPARTMENT OR PROGRAM:**

**ADD** this course.

**DELETE** this course. \* You do not need to provide the information on course description, prerequisites, or overlap.

**CHANGE** this course.

**COURSE TITLE:**

CURRENT Program Prefix and Course Number: (i.e. PSY 761) CREDIT HOURS:

PROPOSED Program Prefix and Course Number: (i.e. PSY 761) CREDIT HOURS:

Please provide justification for the adding of this course, deleting this course, or for the specific change to be made in an existing course. Please use complete sentences. If space below is not adequate, please attach a separate sheet.

Description as it will appear (or appears) in the Graduate School Bulletin. Please use complete sentences. If space below is not adequate, please attach a separate sheet.

Prerequisites for this course (if there are no prerequisites, please write "none"):

Does course content overlap with other courses?      YES      NO      Is this a cross-listed course?      YES      NO

If you answered yes to either question, please describe the overlap/cross-listing:

May the course be repeated for credit?      YES      NO      Maximum hours allowed:

Grade Scheme:      Graded      Non-Credit      Pass/Fail      S/U

**CONTACT INFORMATION**

Dept. Chair/Program Director: Faculty Contact Name:

Email: Phone:

In lieu of a signature, please check here to certify this form: Date:

**APPROVED BY:** (for Graduate School office use only)

Graduate Council: Yes  No  Date \_\_\_\_\_

\_\_\_\_\_  
Dean's Signature

Graduate Faculty: Yes  No  Date \_\_\_\_\_

\_\_\_\_\_  
Dean's Signature