

APPENDIX 4.1

CF.5 FORM

CHANGE COURSE

CONVERSION OF TOPIC TO COURSE

VARIABLE/SPECIAL TOPIC INITIATION, CHANGE or DROP
(do not complete form below the double-dashed line)

Type II Type III

REACTIVATE COURSE

DROP COURSE

Existing Course Data:

____	____	____	_____	____	____
Dept	No	Suf	Short Title (32 spaces)	Units	C or S

Existing Topic Title:

Specify Each Item Changing:

Dept., Number, Suffix, Title, Short Title, Units, Grading Option, Prerequisites/Corequisites,
 Cross-List, Description, Semester, C or S, Double Number, Asterisk

NEW COURSE (includes any new generic variable course)

> Catalog Title Line

Prerequisites:/Course Description

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When applicable, copy one item out of each of the following six groups ("GRADING" through "ARTICULATION") into the area above the double-dashed line.

GRADING:

- Both grading options (No statement required; do not copy.)
- Traditional grading only.
- Traditional grading only for Majors/Minors.
- Credit/No Credit grading only.

COURSE REPETITION:

- Course is not repeatable (No statement required; do not copy.)
- Course may be repeated to a maximum of _ units.
- Course may be repeated to a maximum of _ units with different topics.
- Course may be repeated in different semesters to a maximum of _ units.
- Course may be repeated in different semesters to a maximum of _ units with different topics.

COURSE FEES:

- Not applicable
 - Miscellaneous course fee: \$__.
- (Attach a copy of the approved Instructional Fee form.)

CROSS-LISTING:

- Not applicable
- Same course as _____.

COURSE CLASSIFICATION (Specify "C" or "S"):

(Copy above only if classification changes)

- ___ UNITS AT C or S ___
- and ___ UNITS AT C or S ___
- and ___ UNITS AT C or S ___

SPECIAL BEGIN DATE: _____

SPECIAL END DATE: _____

ARTICULATION: (Lower Division courses ONLY, must copy above.)

For all lower division courses, a standard course outline MUST accompany the signed form if there are any changes to the current articulation authorization.

- Articulation not desired.
- No change to current articulation authorization.
- Requires review of current articulation authorization.
- Articulation desired.
- Articulation ended.

Recommended:

Chair / Director Date

Dean (Dean's Designee) Date

WORDPERFECT FILENAME: _____.