

**COSMETIC COURSE CHANGE**

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| Department Initiating Proposal | Date |
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| Title | Signature | Date |
| Department Head |  |  |
| Dean |  |  |

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| Course Subject: (e.g., ACCT, ENGL) | Course Number: (e.g., 1003) |
| Official Catalog Title: | |
| Describe the change you want to make: (e.g., delete the prerequisite, modify the course description) | |
| Answer the following Assessment questions:   1. If this course is mandated by an accrediting or certifying agency, include the directive. If not, state not applicable. 2. Explain the rationale for the cosmetic course change. | |
| If this course will affect other departments, a Departmental Support Form for each affected department must be attached. The form is located on the Curriculum forms web page at <http://www.atu.edu/registrar/curriculum_forms.php>. | |