



For Office Use Only
 Posted By: _____ Date Posted: _____

Request to Change or Inactivate a Course

This form is to change or remove a course to the course catalog. To add/change/remove a section of a course for registration, please contact the Office of the Registrar.

ACTION REQUESTED

Check the box for the type of request. Change Course Inactivate Course

COURSE INFORMATION

Print and handwrite all changes in red. Please be sure to indicate the semester and the year that the new course or change is to be in effect.

Long Title: _____

Short Title: _____
30 character maximum

Effective Term: Fall Spring Summer Repeatable for Credit: No Yes #: _____

Effective Year: _____ Will course be taught on Rice campus?: Off Campus On Campus 100% Online

Course Subject Code: _____ Registration Permission Required: No Instructor Department

Course Number: _____ Grade Mode: Standard Satisfactory/Unsatisfactory

Course Department: _____ Credit Hours: Fixed ____ Variable ____ to ____

Lead Department: _____ Contact Hours: _____
(if cross-listed) (per week)

URL: _____ Preparation Hours: _____
(per week)

Language of Instruction: _____

- Course Type: Lecture Independent Study Seminar
 Lab Studio Internship/Practicum
 Research Lecture/Lab Intensive Learning Experience

A list of course type descriptions is available at: <http://registrar.rice.edu/facstaff/coursetypedescription/>.

Catalog Description: _____
50 word maximum

ASSOCIATED COURSES

Course Subject and Number	Add	Delete	Pre-Requisite	Co-Requisite	Recommended	Cross-List	Equivalent	GR/UG Equivalent
			<input type="checkbox"/> AND <input type="checkbox"/> OR					
			<input type="checkbox"/> AND <input type="checkbox"/> OR					
			<input type="checkbox"/> AND <input type="checkbox"/> OR					

COURSE APPROVALS

_____ _____ _____
Department Chair Signature Department Chair Printed Name Date

_____ _____ _____
Department Chair Signature (cross-listed course) Department Chair Printed Name (cross-listed course) Date

_____ _____ _____
School Dean Signature School Dean Printed Name Date

When completed, please return the original to the Office of the Registrar, MS 57, 116 Allen Center.