**Washington State University**

**MAJOR CURRICULAR CHANGE FORM - - COURSE**

(Submit original signed form and ten copies to the Registrar’s Office, zip 1035.)

<table>
<thead>
<tr>
<th>Future Effective Date: 01/09/2012</th>
<th>☑ New course</th>
<th>☐ Temporary course</th>
<th>☐ Drop service course</th>
</tr>
</thead>
<tbody>
<tr>
<td>(effective date cannot be retroactive)</td>
<td>☐ There is a course fee associated with this course (see instructions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ☑ Variable credit
- ☐ Increase credit (former credit ________)
- ☐ Number (former number ________)
- ☐ Crosslisting (between WSU departments) (Must have both departmental signatures)
- ☐ Conjoint listing (400/500)
- ☐ Request to meet Writing in the Major [M] requirement (Must have All-University Writing Committee Approval)
- ☐ Request to meet GER in ________ (Must have GenEd Committee Approval)
- ☐ Professional course (Pharmacy & Vet Med only) (Must have All-University Writing Committee Approval)
- ☐ Repeat credit (cumulative maximum 50 hours)
- ☐ Lecture-lab ratio (former ratio __________)
- ☐ Prefix (former prefix __________)
- ☐ Cooperative listing (UI prefix and number __________) taught by: WSU ☐ UI ☐ jointly taught ☐
- ☐ S, F grading

<table>
<thead>
<tr>
<th>NEP</th>
<th>course prefix</th>
<th>PhD Research, Dissertation and /or Examination title</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>(0-3) + 0</td>
<td>(0-5+)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V1/8</th>
<th>credit</th>
<th>lecture hrs</th>
<th>lab hrs</th>
<th>studio hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>per week</td>
<td>per week</td>
<td>per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

prerequisite

Description (20 words or less) See Attached

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**Instructor:** Dr. Sue Marsh  
**Contact:** Deb Howe  
**Instructor's Phone number:** 358-7666  
**Contact's Phone number:** 335-2227  
**Email:** samarsh@wsu.edu  
**Email:** drhowe@wsu.edu

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- Please attach rationale for your request, a current and complete syllabus, and explain how this impacts other units in Pullman and other branches (if applicable).
- Secure all required signatures and provide 10 copies to the Registrar’s Office.

**Chair/date:** 9/12/11  
**Dean/date:** 9/17/11  
**General Education Com/date:**

Chair (if crosslisted/interdisciplinary)*  
Dean (if crosslisted/interdisciplinary)*  
Graduate Studies Com/date

**All-University Writing Com/date**  
**Academic Affairs Com/date**  
**Senate/date**

*If the proposed change impacts or involves collaboration with other units, use the additional signature lines provided for each impacted unit and college.