Washington State University
MAJOR CURRICULAR CHANGE FORM - - COURSE REVISION

- **Please attach rationale for your request, a complete syllabus**, and explain how this impacts other units in Pullman and other campuses (if applicable).
- **Obtain all required signatures with dates.**
- **Provide original stapled packet of signed form/rationale statement/syllabus** PLUS **10 stapled copies of complete packet to the Registrar's Office,** campus mail code 1035.
- **Submit one electronic copy of complete packet** to wsu.curriculum@wsu.edu.

Requested **Future** Effective Date:_____(term/year) Course Typically Offered:_____

DEADLINES: For fall term effective date: **October 1st;** for spring or summer term effective date: **March 1st**. See instructions.

NOTE: Items received after deadlines may be put to the back of the line or forwarded to the following year. Please submit on time.

Current course [List course as it currently appears in the catalog**]:**

course subject/crosslist	course no.	title

(_____-_____)

Credit hrs	lecture hrs per week	lab or studio hrs per week	prerequisite

Requested Change(s): Check all that apply and list proposed change.

☐ Change subject:_____ ☐ Change course number:_____ ☐ Change credit to:_____

☐ Change lecture-lab ratio to: (_____-_____) ☐ Variable credit:_____ ☐ Repeat credit (cum. max. hrs):____

☐ New/change crosslisting*:_____ ☐ Conjoint listing (400/500):_____

Special Grading: ☐ S, F; ☐ A, S, F (PEACT only); ☐ S, M, F (VET MED only); ☐ H, S, F (PHARMACY, PHARDSCI only)

☐ Other (please list request): _____

NOTE: If **only** requesting a change to title, prerequisite, and/or description, please use a **Minor Curriculum Change** form.

☐ Title change: _____ ☐ Prerequisite change:_____

☐ Change catalog description to:_____

_____

The following items require prior submission to other committees/depts. (SEE INSTRUCTIONS.)

☐ Request to meet Writing in the Major [M] requirement **(Must have All-University Writing Committee Approval.)**

☐ Request to meet UCORE in _____ **(Must have UCORE Committee Approval ›› See instructions.)**

☐ Special Course Fee_____ **(Must submit request to University Receivables)**

Contact:_____Phone number:_____Campus mail code**:**_____

Email:_____ Instructor, if different:_____

Chair/date	**Dean/date**	**All-University Writing Com Date**
Chair (if crosslisted/interdisciplinary)*	**Dean (if crosslisted/interdisciplinary)***	**UCORE Committee Approval Date**
Catalog Subcommittee Approval Date	**GSC or AAC Approval Date**	**Faculty Senate Approval Date**

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