Northshore Technical Community College

Course Change Form

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<th>Course Prefix</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Lec/Lab/Tot Credit Hr.</th>
<th>Lec/Lab/Tot Clock Hr.</th>
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Division: ____________________________    CIP Code: ____________________________

Request:  ☐ Add Course  ☐ Change Course  ☐ Delete Course

Types of Change:  ☐ Delivery of Course  ☐ Add Course Fee $___________

☐ Prerequisite for Course  ☐ Revise Course Fee $___________

☐ Co-requisite for Course  ☐ Delete Course Fee

Types of Delivery:  ☐ Traditional <49%

☐ Hybrid 50-99%

☐ Online 100%

NOTE: Please attach a summary of the proposed change that includes the justification for the change in addition to listing the current and proposed course prefix, course number, course title, course credit hours, course clock hours, course CIP code, and applicable course prerequisite or co-requisite.

Initiator Printed Name: ____________________________    Initiator Title: ____________________________    Initiator Signature: ____________________________    Date: ____________________________

Division: ____________________________    Divisional Dean Signature: ____________________________    Date: ____________________________

Vice Chancellor of Academic Affairs & Provost Signature: ____________________________    Date: ____________________________

Effective: 11/3/15