



# Course Modification Request Form

Date of Request: \_\_\_\_\_ Effective Term: \_\_\_\_\_ School/College: \_\_\_\_\_

Modify     Renumber Current Course    OR     Add     Modify Course Description

<b>Current Course Info:</b>		<b>*Please indicate the Term if classes were already scheduled. ex: Fall 2018</b>					
Subject Area: (ex: ENG)		Catalog Number: (ex: 105)		Units Min:		Units Max:	
Short Course Title: (30 characters maximum)				Course Typically Offered: (Ex: Fall, Spring, Summer)			
Long Course Title: (100 characters maximum)							

<b>Updated Course Info:</b>							
Subject Area: (ex: ENG)		Catalog Number: (ex: 105)		Units Min:		Units Max:	
Short Course Title: (30 characters maximum)				Course Typically Offered: (Ex: Fall, Spring, Summer)			
Long Course Title: (100 characters maximum)							

**Course Description-** The course description must be submitted with form & emailed in word document to [scheduling.rg@miami.edu](mailto:scheduling.rg@miami.edu)

**Additional Course Information – Select all fields applicable.**

Grading Basis	Add	Remove	Add Consent	Add	Remove	Drop Consent	Add	Remove
Audit	<input type="checkbox"/>	<input type="checkbox"/>	Department	<input type="checkbox"/>	<input type="checkbox"/>	Department	<input type="checkbox"/>	<input type="checkbox"/>
Credit/No Credit	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>
Graded	<input type="checkbox"/>	<input type="checkbox"/>						
Medical Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<b>Repeat for Credit Rules</b>	Add	Remove	<b>Course Attributes</b>	Add	Remove
Medical Grades	<input type="checkbox"/>	<input type="checkbox"/>	Repeat for Credit	<input type="checkbox"/>	<input type="checkbox"/>	CIVIC	<input type="checkbox"/>	<input type="checkbox"/>
No Grade	<input type="checkbox"/>	<input type="checkbox"/>	Total # Completion Allowed			HONORS	<input type="checkbox"/>	<input type="checkbox"/>
Non-Graded	<input type="checkbox"/>	<input type="checkbox"/>	Allow course to be taken more than once in same term	<input type="checkbox"/>	<input type="checkbox"/>	PRISM	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory/UnSat.	<input type="checkbox"/>	<input type="checkbox"/>				WRITING	<input type="checkbox"/>	<input type="checkbox"/>
<b>Areas of Knowledge: (select one)</b> <input type="checkbox"/> AH/Arts& Humanities <input type="checkbox"/> PS/People & Society <input type="checkbox"/> STEM						CAPSTONE	<input type="checkbox"/>	<input type="checkbox"/>

**You may select multiple components for a course, but you can Only select ONE Primary Graded Component.**

Course Components:	Primary Graded Component	Add	Remove	Course Components	Primary Graded Component	Add	Remove
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practicum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensemble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thesis Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thesis/Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



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Subject Area: \_\_\_\_\_ Catalog #: \_\_\_\_\_

## Enrollment Requirement – Pre/Co-Requisite/Condition/Placement

*Please write out fully the Enrollment Requirement and/or any Requisite Conditions and/or any Placements. You must Specify with “And” or “Or” within your write out. Please see Example below.*

Add	Remove	School/Coll.	Enrollment Requirement with Conditions and Placements Specified with “And” or “Or”
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Example: AS</i>	<b>Example:</b> Pre-Requisite: MTH 141, <i>Or</i> 151, <i>Or</i> 161. <i>Or</i> Co-Requisite: MTH 171. <b>And</b> Requisite: ALEKS score >=60, <i>Or</i> SAT >=630, <i>Or</i> ACT >=28.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Example: AS</i>	<b>Example:</b> Remove Co-Requisite: MTH 171 Only.
Add	Remove	School/Coll.	Enrollment Requirement/ Condition/Placement Please specify with “And” or “Or” in your write out.
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		



# Course Modification Request Form

Subject Area: \_\_\_\_\_ Catalog #: \_\_\_\_\_

## Course Topics

Please enter the topic to be added to the course.

Examples:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Global Detective Fiction	Global Det
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Literature and Law	Lit Law
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	Monsters	Monsters
Add	Remove	Course Topic #	Long Description <i>(30 characters maximum)</i>	Short Description <i>(10 characters maximum)</i>
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Department Scheduler Name: _____	Extension: _____
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Department Chair: \_\_\_\_\_  
*(Signature Required)* Date: \_\_\_\_\_

Curriculum Academic Dean: \_\_\_\_\_  
*(Signature Required)* Date: \_\_\_\_\_