

COURSE ACTION REQUEST (Form: 1/10/02)

Proposal to add, delete, or modify a course at Kapi'olani Community College, University of Hawai'i

1a. Type of Course Action (please choose one, omit others) **Addition, Deletion, Modification**

1b. If modification of an existing course, what kind of modification? (choose from list, omit inappropriate)

Changing the course alpha, Changing the course number, Changing the course credits, Changing the course title, Changing the abbreviated course title, Changing maximum enrollment per class section, Modifying number or type of contact hours, Modifying grading options, Modifying prerequisite courses, Modifying corequisite courses, Modifying recommend preparation courses, Updating course for 5 year cyclical review, Updating course description, Updating course competencies, Updating articulation information,

2. Course Information for catalog (copy & paste course information from COL item #1)

3. Effective Term (semester/year): _____/_____

4a. Repeatable for additional credit? (indicate Y or N): _____ 4b.(if yes) Course is repeatable for a maximum of _____ credits.

5. Maximum enrollment per class section: _____

6. Grading Options (indicate Yes or No for each option): 6a. **Normal** (A-F) _____ 6b. **CR/NC** _____ 6c. **Audit** _____

7. Abbreviated course title (30 characters or less) for Schedule of Classes _____

8a. Is this course required in a program? (indicate Yes or No): _____ 8b. (if yes) Name of program(s) _____

8c. Approved by: _____
(Department Chairperson of affected program) (Date)

9a. Cross Listed With: Course Alpha _____ Course Number _____

9b. Crosslisting approved by: _____
(Department Chairperson) (Date)

Proposed by: _____
(Name) (Department) (Date)

Requested by: _____
(Department Chairperson) (Date of Department Vote)

Approved by: _____
(Curriculum Chairperson) (Date)

(Faculty Senate Chairperson) (Date)

(Dean of Curriculum Management) (Date)

(Chancellor) (Date)