



**REQUEST TO CHANGE
MAXIMUM HOUR VALUE OF A COURSE**

Course Subject and Number: _____

Course Title: _____

Current Maximum Hour Value: _____

Proposed Maximum Hour Value: _____

Rationale:

Signatures:

Departmental Curriculum Committee Chair

Date

College Curriculum Committee Chair

Date

Dean

Date

University Curriculum Committee Chair*

Date

*Only required for maximum hour value changes resulting in the course being eligible to be taken more than three times. Requests of this nature must be submitted during the Curriculum Review Cycle.

PROCESSED BY

DATE