

Office of the Registrar

1-866-BEARKAT

Course Prerequisite & Description Update Request

Course Prefix:			Course Number:				
Before p any cha summer.,	proceeding: please <u>review</u> your in nges in the previous year. Note:	restrictions prerequisi t	carefully if tes will <u>not</u>	your major be added m i	codes or p id-catalog	orogram codes term (catalog te	have undergone erm is fall through
1)	Prerequisite:			Effective:	Spring	Summer	Fall
,	-	New	_				
2)	Co-requisite: Yes Explanation:	No			· <u> </u>	Summer	Fall
3)	Cross Listed Courses: Explanation:	Yes			Spring	Summer	Fall
4)	Restrictions:			Effective:	Spring	Summer	Fall
	Restrict by:			Expl	anation		
	epartment						
	ajor lassification						
	evel						
	egree						
	rogram						
	ampus						
C	ollege						
	udent Attribute						
Co	ohort						
5)	Course Description*:			Effective:	Spring	Summer	Fall
	Chair Signature		Date				
	Dean Signature		Date				
	Office of Academic Planning/Asse *Only required for description up		Date				
	Processed by Registrar's Office		Date				