



## New Course / Course Change Request

Submission Date	Effective Quarter and Year	Type of Request <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify
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Course Information			
Course Title	Course Number <small>(New numbers must be verified with Registrar)</small>	Previous Course Number <small>(if applicable)</small>	
Course Type <small>(check all applicable)</small> <input type="checkbox"/> Core <input type="checkbox"/> Elective <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Independent Study <input type="checkbox"/> Online <input type="checkbox"/> Clinical <input type="checkbox"/> Other:		Previous Term Offered <small>(check all applicable)</small> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	New Term Offered <small>(check all applicable)</small> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Course Director(s)	Credits	Max Enrollment	
Department Offering Course	Grading Type <input type="checkbox"/> Letter Grade <input type="checkbox"/> Pass-Fail		<input type="checkbox"/> Preclinical Block <input type="checkbox"/> Clinical Block

Scope of Change							
Programs Affected	<input type="checkbox"/> AZCOM	<input type="checkbox"/> CCOM	<input type="checkbox"/> Biomed M.A.	<input type="checkbox"/> Master OT	<input type="checkbox"/> Speech-Language Path	Have these programs been notified of this change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> AZCOPT	<input type="checkbox"/> CCO	<input type="checkbox"/> Biomed M.B.S.	<input type="checkbox"/> MSN Gerontology			
	<input type="checkbox"/> AZPCM	<input type="checkbox"/> CP-IL	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> MSN Leader			
	<input type="checkbox"/> CP-AZ	<input type="checkbox"/> CDMI	<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Nurse Anesthesia			
	<input type="checkbox"/> CDMA	<input type="checkbox"/> CHSI	<input type="checkbox"/> Doctor NP	<input type="checkbox"/> Precision Med			
	<input type="checkbox"/> CHSA	<input type="checkbox"/> CGSI	<input type="checkbox"/> Doctor OT	<input type="checkbox"/> Precision Med Cert			
	<input type="checkbox"/> CGSA		<input type="checkbox"/> DNAP	<input type="checkbox"/> PT			
	<input type="checkbox"/> CVM		<input type="checkbox"/> Gerontology Cert	<input type="checkbox"/> Public Health			
If this course <b>changed quarters</b> , how will this affect a student who may need to <b>retake</b> it?							
If a student failed the <b>existing/previous course</b> , will this new course satisfy a <b>retake</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain:							
Additional Comments							

**Any curriculum changes that require additional space and personnel resources need University approval.**

Approval for Change		
Name of Program Director	Signature	Date
Name of Dean	Signature	Date
Name of Chief Academic Officer	Signature	Date
President <i>Dr. Kathleen Goepfinger</i>	Signature	Date

SCAN APPROVED FORM TO  
OFFICE OF THE REGISTRAR

Downers Grove Campus:  
ILregistrar@midwestern.edu

Glendale Campus:  
AZregistrar@midwestern.edu

Retain original signed form  
at the program office.