



Course Approval Request Form

Office of the Registrar, University of Michigan

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▼ CHECK APPROPRIATE FOR ALL CHANGES

Action Requested		Date of Submission: _____
<input type="checkbox"/> New Course		Effective Term: _____
<input type="checkbox"/> Modification of Existing Course	RO USE ONLY	Date Completed: _____
<input type="checkbox"/> Deletion of Existing Course		Completed By: _____

CURRENT LISTING			REQUESTED LISTING		
<input type="checkbox"/>	Department (Home)	Subject Catalog Number	Department (Home)	Subject Catalog Number	
<input type="checkbox"/>	Is the Course Cross-Listed with Other Department(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department(s) Subject Catalog Number	Is the Course Cross-Listed with Other Department(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department(s) Subject Catalog Number	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
<input type="checkbox"/>	Course Title (full title):		Course Title (full title):		
<input type="checkbox"/>	Abbreviated Title (20 char):		Abbreviated Title (20 char):		
<input type="checkbox"/>	Advisory Prerequisite (254 char):		Advisory Prerequisite (254 char):		
<input type="checkbox"/>	Enforced Prerequisite (254 char): Minimum grade requirement? _____		Enforced Prerequisite (254 char): Minimum grade requirement? _____		
<input type="checkbox"/>	Credit Exclusions:		Credit Exclusions:		
<input type="checkbox"/>	Course Description:				

RO DATE RECEIVED: _____

<input type="checkbox"/>	Course Component(s):	Indicate Graded Component:	Indicate Grading Basis:	Subject: _____ Catalog # _____
	<input type="checkbox"/> Lecture	<input type="checkbox"/>	<input type="checkbox"/> Graded (A-E)	
	<input type="checkbox"/> Seminar	<input type="checkbox"/>	<input type="checkbox"/> Credit/No Credit	
	<input type="checkbox"/> Recitation	<input type="checkbox"/>	<input type="checkbox"/> Satisfactory/Unsatisfactory	
	<input type="checkbox"/> Lab	<input type="checkbox"/>	<input type="checkbox"/> Pass/Fail	
	<input type="checkbox"/> Discussion	<input type="checkbox"/>	<input type="checkbox"/> Business Administration Grading	
	<input type="checkbox"/> Independent Study	<input type="checkbox"/>	<input type="checkbox"/> Not for Credit	
			<input type="checkbox"/> Not for Degree Credit	
			<input type="checkbox"/> Degree Credit Only	

<input type="checkbox"/>	Course Credit Type:	<input type="checkbox"/> Undergraduate or Non-Rackham Graduate
	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Rackham Graduate Credit with Additional Work
	<input type="checkbox"/> Rackham Graduate	<input type="checkbox"/> Non-Rackham Graduate
	<input type="checkbox"/> Undergraduate or Rackham Graduate	<input type="checkbox"/> All Credit Types

<input type="checkbox"/>	Credit Hour(s):					
	Undergraduate	Graduate (Rackham)	Undergraduate	Graduate (Rackham)		
	Full Term:	Min	Max	Half Term:	Min	Max
		_____	_____		_____	_____

<input type="checkbox"/>	Repeatability:					
	Is the course repeatable for credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the course Y graded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, maximum number of credits are: _____					
	Can this course be taken more than once in the same term? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/>	Course Offered:
	<input type="checkbox"/> Indefinite
	<input type="checkbox"/> For one term only

Instructor Name: _____ Instructor Title: _____

<p>Signatures: Signatures are required from all departments involved.</p>	Contact Person: _____ Email: _____ Phone: _____
Curriculum Committee: _____	Date: _____
Rackham: _____	Date: _____
Dept Chair(s): Home Department: _____	Date: _____
Cross-listed Department: _____	Date: _____
Cross-listed Department: _____	Date: _____
Cross-listed Department: _____	Date: _____