

# Course Modification Request

Date of Request: \_\_\_\_\_ Effective Term: \_\_\_\_\_ School/College: \_\_\_\_\_

Modify     Renumber Current Course    **OR**     Add / Modify Course Description

**Current Course Info**

*\*Please indicate the Term if classes are already scheduled (ex: Fall 2018):*

Subject Area: (ex: ENG)    Catalog Number: (ex: 105)    Units Min:    Units Max:

Short Course Title: (30 characters maximum)    Course Typically Offered: (Ex: Fall, Spring, Summer)

Long Course Title: (100 characters maximum)

**Updated Course Info**

Subject Area: (ex: ENG)    Catalog Number: (ex: 105)    Units Min:    Units Max:

Short Course Title: (30 characters maximum)    Course Typically Offered: (Ex: Fall, Spring, Summer)

Long Course Title: (100 characters maximum)

**Course Description - Must be submitted with form and emailed as a Word document to [scheduling.rg@miami.edu](mailto:scheduling.rg@miami.edu)**

**Additional Course Information – Select all fields applicable**

Grading Basis	Add	Remove	Add Consent	Add	Remove	Drop Consent	Add	Remove
Audit	<input type="checkbox"/>	<input type="checkbox"/>	Department	<input type="checkbox"/>	<input type="checkbox"/>	Department	<input type="checkbox"/>	<input type="checkbox"/>
Credit/No Credit	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>
Graded	<input type="checkbox"/>	<input type="checkbox"/>						
Medical Graduate	<input type="checkbox"/>	<input type="checkbox"/>	Repeat for Credit Rules	Add	Remove	Attributes	Add	Remove
Medical Grades	<input type="checkbox"/>	<input type="checkbox"/>	Repeat for Credit	<input type="checkbox"/>	<input type="checkbox"/>	CIVIC	<input type="checkbox"/>	<input type="checkbox"/>
No Grade	<input type="checkbox"/>	<input type="checkbox"/>	Total # Completions Allowed	_____		PRISM	<input type="checkbox"/>	<input type="checkbox"/>
Non-Graded	<input type="checkbox"/>	<input type="checkbox"/>	Allow to be taken more than once in same term	<input type="checkbox"/>	<input type="checkbox"/>	WRITING	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory/UnSat.	<input type="checkbox"/>	<input type="checkbox"/>				CAPSTONE	<input type="checkbox"/>	<input type="checkbox"/>
Areas of Knowledge: (select one)	<input type="checkbox"/> AH/Arts & Humanities <input type="checkbox"/> PS/People & Society <input type="checkbox"/> STEM					SUSTAINABILITY	<input type="checkbox"/>	<input type="checkbox"/>
						QEP	<input type="checkbox"/>	<input type="checkbox"/>



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**You may select multiple components for a course, but only ONE Primary Graded Component**

Course Components	Primary Graded Component	Add	Remove	Course Components	Primary Graded Component	Add	Remove
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practicum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensemble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiential Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thesis Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thesis/Individual Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flipped Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intergroup Dialogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Based Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

## Enrollment Requirement – Pre-Requisite/Co-Requisite/Condition/Placement

*Please write out fully the Enrollment Requirement and/or Requisite Conditions and/or Placements.  
Use Boolean connectors “And” or “Or”. (See examples below.)*

Add	Remove	School/Coll.	Enrollment Requirement with Conditions and Placements specified with “And” or “Or”
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AS	<b>Example:</b> (Pre-Requisite: MTH 141 <i>Or</i> 151 <i>Or</i> 161) <i>Or</i> (Co-Requisite: MTH 171 <i>And</i> (ALEKS score >=60 <i>Or</i> SAT >=630 <i>Or</i> ACT >=28) )
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AS	<b>Example:</b> Remove Co-Requisite: MTH 171 only
Add	Remove	School/Coll.	Enrollment Requirement/ Condition/Placement <i>Please use Boolean connectors “And” or “Or”</i>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		



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## Course Topics

*If the course has special topics, please use below fields to specify each topic. See examples below.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Literature and Law
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	Monsters
Add	Remove	Course Topic #	Description <small>(30 characters maximum)</small>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Department Scheduler Name:	Extension:
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Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature Required)*

Curriculum Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature Required)*