

**Washington State University**  
**MAJOR CURRICULAR CHANGE FORM - - COURSE REVISION**

- Please attach rationale for your request, a complete syllabus**, and explain how this impacts other units in Pullman and other campuses (if applicable).
- Obtain all required signatures with dates.**
- Provide original stapled packet of signed form/rationale statement/syllabus PLUS 10 stapled copies** of complete packet to the **Registrar's Office**, campus mail code 1035.
- Submit one electronic copy of complete packet** to [wsu.curriculum@wsu.edu](mailto:wsu.curriculum@wsu.edu).

Requested **Future** Effective Date: \_\_\_\_\_ (term/year) Course Typically Offered: \_\_\_\_\_

**DEADLINES:** For fall term effective date: **October 1<sup>st</sup>**; for spring or summer term effective date: **February 1<sup>st</sup>**. See instructions.

**NOTE: Items received after deadlines may be put to the back of the line or forwarded to the following year. Please submit on time.**

**Current course** [List course as it currently appears in the catalog]:

course subject/crosslist	course no.	title
( _____ - _____ )		
Credit hrs	lecture hrs per week	lab or studio hrs per week
prerequisite		

**Requested Change(s): Check all that apply and list proposed change.**

- Change subject: \_\_\_\_\_
- Change course number: \_\_\_\_\_
- Change credit to: \_\_\_\_\_
- Change lecture-lab ratio to: ( \_\_\_\_\_ - \_\_\_\_\_ )
- Variable credit: \_\_\_\_\_
- Repeat credit (cum. max. hrs): \_\_\_\_\_
- New/change crosslisting\*: \_\_\_\_\_
- Conjoint listing (400/500): \_\_\_\_\_

Special Grading:  S, F;  A, S, F (PEACT only);  S, M, F (VET MED only);  H, S, F (PHARMACY, PHARDSCI only)

Other (please list request): \_\_\_\_\_

**NOTE:** If **only** requesting a change to title, prerequisite, and/or description, please use a **Minor Curriculum Change** form.

Title change: \_\_\_\_\_

Prerequisite change: \_\_\_\_\_

Change catalog description to: \_\_\_\_\_

**The following items require prior submission to other committees/depts. (SEE INSTRUCTIONS.)**

- Request to meet Writing in the Major [M] requirement (**Must have All-University Writing Committee Approval.**)
- Request to meet UCORE in \_\_\_\_\_ (**Must have UCORE Committee Approval >> See instructions.**)
- Special Course Fee \_\_\_\_\_ (**Must submit request to University Receivables**)

**Contact:** \_\_\_\_\_ Phone number: \_\_\_\_\_ Campus mail code: \_\_\_\_\_

Email: \_\_\_\_\_ Instructor, if different: \_\_\_\_\_

_____ <b>Chair/date</b>	_____ <b>Dean/date</b>	_____ <b>All-University Writing Com / date</b>
_____ <b>Chair (if crosslisted/interdisciplinary)*</b>	_____ <b>Dean (if crosslisted/interdisciplinary)*</b>	_____ <b>UCORE Committee Approval Date</b>
_____ <b>Catalog Subcommittee Approval Date</b>	_____ <b>GSC or AAC Approval Date</b>	_____ <b>Faculty Senate Approval Date</b>

**\*If the proposed change impacts or involves collaboration with other units, use the additional signature lines provided for each impacted unit and college.**