



**WSSU**

**WINSTON-SALEM STATE UNIVERSITY  
Graduate Council**

**Form for Change in Course Title, Course Hours, Number or Level**

- New Course***
- Combined Course***
- Course Revision***
- Discontinued Course***

**Department:**

**Current Title of Course:**

**New Title of Course**

**Current Credit Hours:**

**New Credit Hours:**

**Current Level:**

**Date:**

**Course Number:**

**New Course Number (Registrar):**

**New Level:**

**Effective Date:**

**Pre-requisites:**

**New Course Description:**

**Justification:**

**Department Goal(s) this request supports:**

**Student Learning Outcome(s):**

*Indicate the data or evidence that was used to recommend a new course or change in existing course(s).*

**Approvals:**

Departmental Faculty or Curriculum Committee:

Date:

Chairperson:

Date:

Dean:

Date:

**Other Approvals That May Be Required For Specific Curriculum Changes:**

Teacher Education Committee:

Date:

General Education Core Committee:

Date:

Chairperson of Department Directly Impacted by Change:

Date:

Dean of College/School Directly Impacted by Change:

Date:

**Academic Standards and Curriculum Committee**

**Action:**

Date:

Approval (Committee Chair):

Date:

Approval (Provost and VC for Academic Affairs):

Date:

Action Completed by Registrar:

Date:

Completed form filed by Registrar and Academic Affairs. Registrar sends copy to Institutional Effectiveness & Planning and posts on intranet.