Curriculum Action Request
University of Alaska Anchorage
Proposal to Initiate, Add, Change, or Delete a Course or Program of Study

1a. School or College		1b. Division	1c. Department	
2. Course Prefix	3. Course Number	4. Previous Course Prefix & Number	5a. Credits/CEU	5b. Contact Hours (Lecture + Lab) +

6. Complete Course/Program Title

Abbreviated Title for Transcript (30 character)

7. Type of Course ☐ Academic ☐ Non-credit ☐ CEU ☐ Professional Development

8. Type of Action

☐ Add
☐ Change
(mark appropriate boxes)
☐ Delete

☐ Course
- ☐ Prefix
- ☐ Credits
- ☐ Title
- ☐ Grading Basis
- ☐ Course Description
- ☐ Test Score Prerequisites
- ☐ Other Restrictions
  - Class ☐ Level ☐
  - College ☐ Major ☐

☐ Program
- ☐ Course Number
- ☐ Contact Hours
- ☐ Repeat Status
- ☐ Cross-Listed/Stacked
- ☐ Course Prerequisites
- ☐ Corequisites
- ☐ Registration Restrictions
- ☐ Other

9. Repeat Status Limit Max Hours

10. Grading Basis ☐ A-F ☐ P/NP ☐ NG

11. Implementation Date semester/year
From: / To: /

12. ☐ Cross Listed with
☐ Stacked with _____ Cross-Listed Coordination Signature

13. Coordinate with Affected Units:
Department, School, or College

_____ Initiator Signature Date

14. List any programs or college requirements that require this course

15. General Education Requirement
☐ Oral Communication ☐ Written Communication ☐ Quantitative Skills ☐ Humanities
☐ Fine Arts ☐ Social Sciences ☐ Natural Sciences

16. Course Description

17a. Course Prerequisite(s) (list prefix and number)	17b. Test Score(s)	17c. Corequisite(s) (concurrent enrollment required)

17d. Other Restriction(s)	17e. Registration Restriction(s) (non-codable)
☐ College ☐ Major ☐ Class ☐ Level	

18. ☐ Mark if course has fees

19. Justification for Action

_____ Initiator (faculty only) Date

☐ Approved
☐ Disapproved: _____ Department Chairperson Date

☐ Approved
☐ Disapproved: _____ Curriculum Committee Chairperson Date

☐ Approved
☐ Disapproved: _____ Dean/Director of School/College Date

☐ Approved
☐ Disapproved: _____ Undergraduate or Graduate Academic Board Chairperson Date

☐ Approved
☐ Disapproved: _____ Provost or Designee Date

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