



Mode of delivery  
(specify lecture field  
trips labs etc )

**Lecture**

**4. COURSE CLASSIFICATIONS:**

\_\_\_\_\_

**YES**

\_\_\_\_\_

**YES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



WHAT IMPACT IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES SPACE, FACULTY, ET

10. LIBRARY COLLECTIONS

This change will not affect the library

11. IMPACTS ON PROGRAMS/DEPTS:

Please specify  
departments resulting

impacts on ther courses, programs and  
o osed action

13. JUSTIFICATION FOR

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of:

Signature Chair  
Program/Department of

[Redacted Signature]

Chair  
Course

[Redacted Signature]

[Redacted Signature]

Signature Dean College/School  
of Offerings of the  
Program of the

[Redacted Signature]

[Redacted Signature]

[Redacted Signature]

Signature of Provost if applicable

Signature

Signature

Signature

Date

[Redacted Date]

Committee: Curriculum Review

Core Review

for

Signature Chair  
Program/Department of

Date 10 3

12/1/04

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Signature Chair College/School  
Curriculum Council for

[Redacted Signature]

Signature Dean College/School  
of

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be submitted.





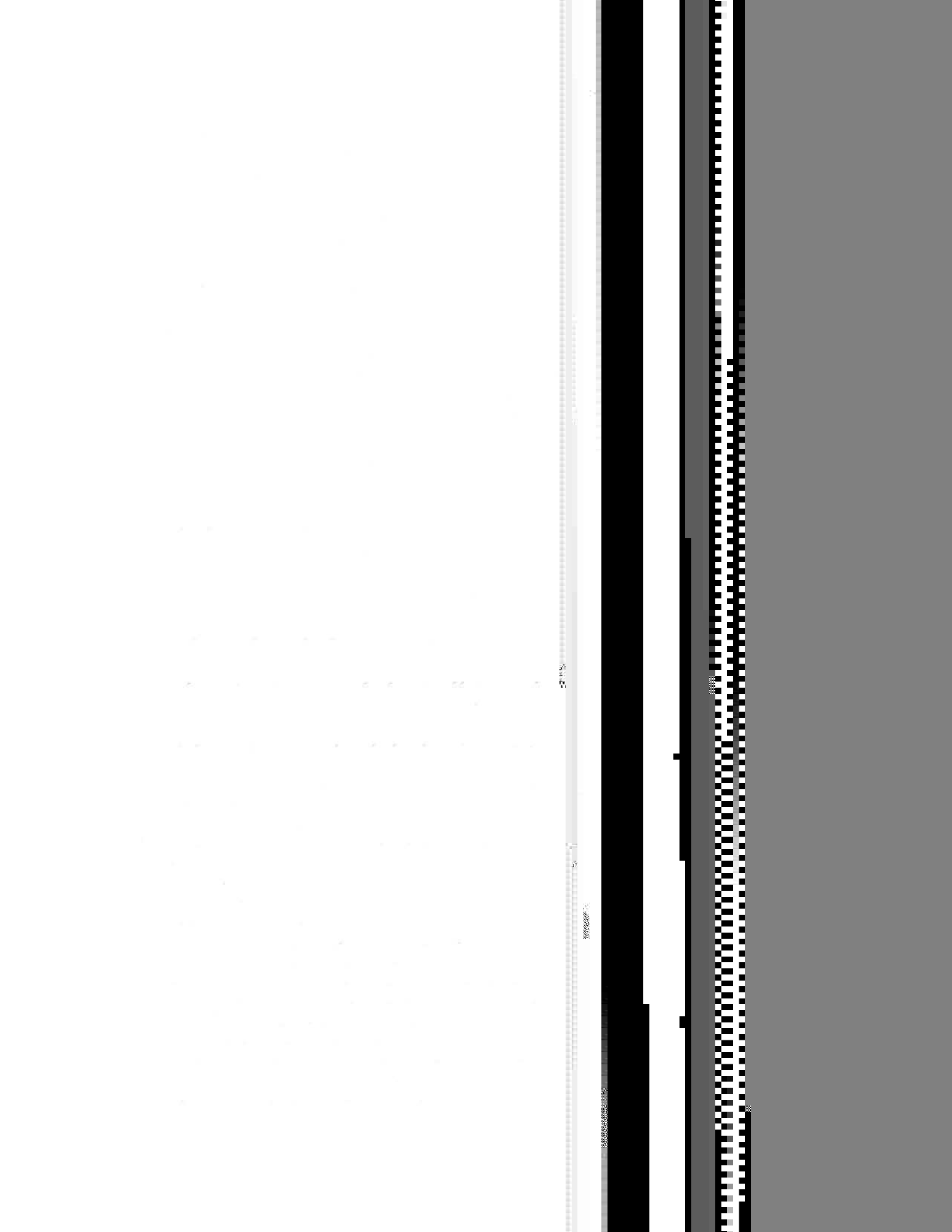




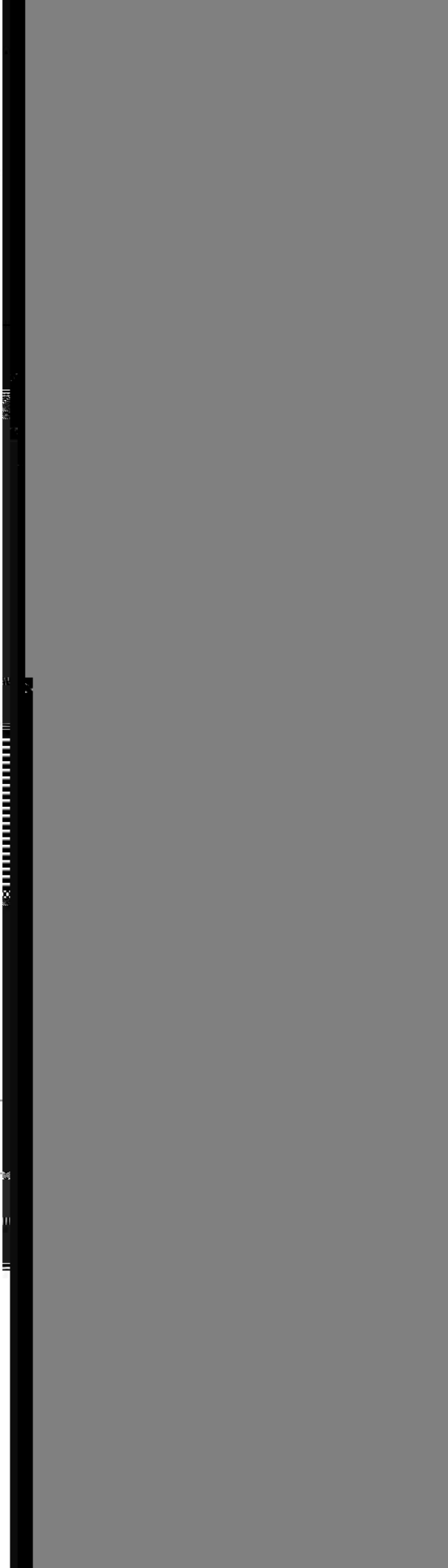


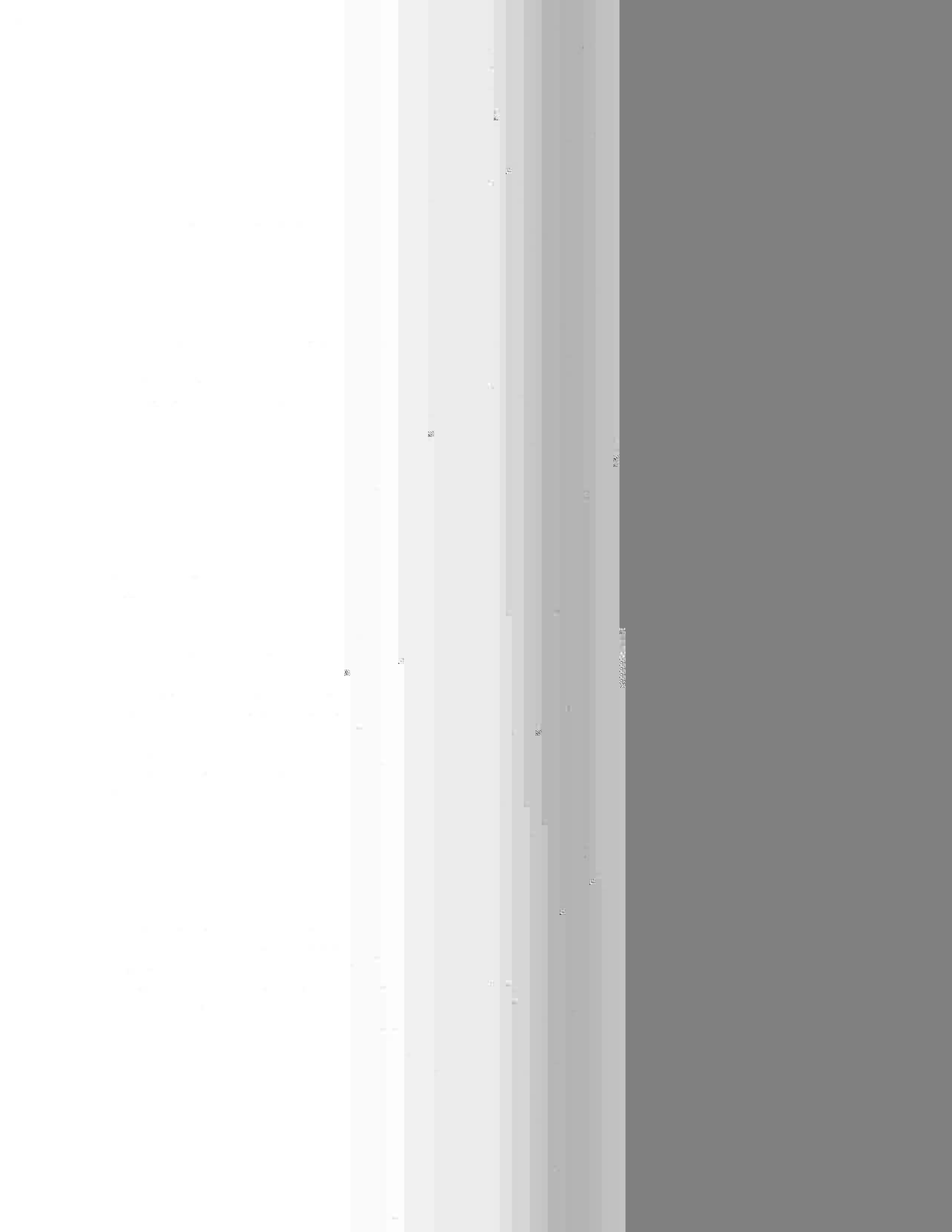






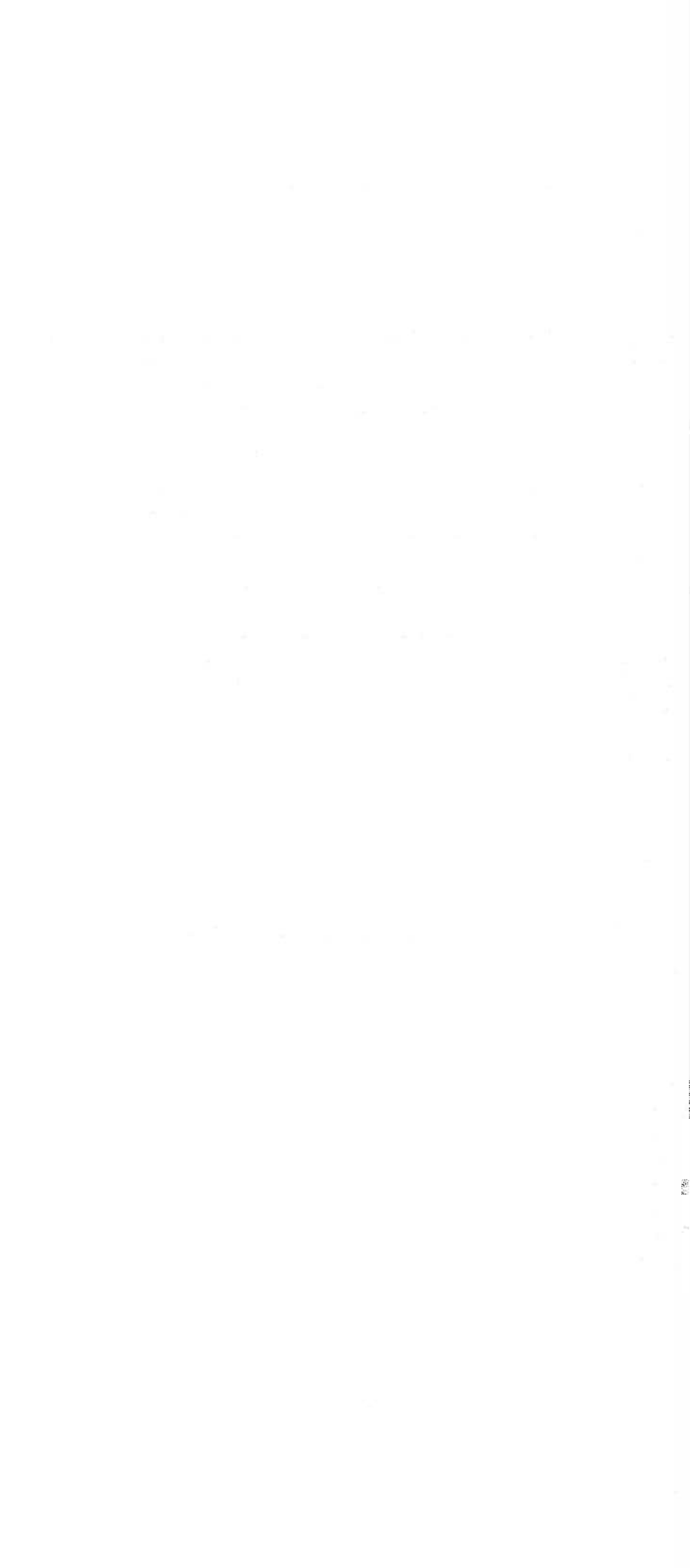












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