Texas A&M University

Departmental Request for a Change in Course

Undergraduate • Graduate • Professional

Submit original form and attachments.

1. Request submitted by (Department or Program Name):
   Zachry Department of Civil Engineering

2. Course prefix, number and complete title of course:
   CVEN 365. Introduction to Geotechnical Engineering

3. Change requested
   Attach a brief supporting statement for changes made to items 3a thru 3d, and 6 below.
   a. Prerequisite(s): From: CVEN 302 or registration therein; CVEN 305 To: CVEN 302 or registration therein; CVEN 305; ENGL 203, 210, 241, or 301
   b. Withdrawal (reason): ____________________________
   c. Cross-list with: ____________________________

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

   e. Change in course prefix, number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked: ____________________________

5. Complete current course title and current catalog course description:

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words): ____________________________

7. a. As currently in course inventory:

   Prefix | Course # | Title (excluding punctuation) | Lect. | Lab | SCH | CIP and Fund Code | Admin. Unit | FICE Code | Level
   CVEN   | 365      | INTRO TO G EOTE CH E N GR      | 02    | 03  | 03  | 14 39 01 00 06    | 00 36 03    | 0 3 6 3 2 | 3

   b. Change to:

   Prefix | Course # | Title (excluding punctuation) | Lect. | Lab | SCH | CIP and Fund Code | Admin. Unit | Acad. Year | FICE Code
   -      | -       | -                             | -     | -   | -   | -              | -           | 0 0 3 6 3 2 |

   Approval recommended by: ____________________________

Department Head or Program Chair (Type Name & Sign) Date
Chair, College Review Committee Date

Department Head or Program Chair (Type Name & Sign) (if cross-listed course) Date
Dean of College Date

Submitted to Coordinating Board by: ____________________________
Chair, GC or UCC Date

Associate Director, Curricular Services Date
Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.
Curricular Services – 09/10