

PLEASE SUBMIT ORIGINAL AND 4 COPIES TO YOUR DIVISION CHAIR

APPLICATION FOR COURSE MODIFICATION: UNDERGRADUATE
UNIVERSITY OF HAWAII AT HILO

1. College _____ Division _____ Department _____
Course Alpha _____ Course Number _____ Course Title _____

2. Description of existing course as it is in the current catalog: (Underscore all parts to be changed or deleted.)

3. Description of modified course in university catalog style (should not exceed five lines and be **publication-ready**). Underscore all new or changed parts. Course title should not exceed 55 letters, including spaces

Hrs/wk: Lectures _____ Lab _____ Discussions _____ Field Trips/Sem _____

4. Reasons for the requested modification. (Use separate sheet[s] as necessary)

5. Please outline the how the modification will impact **any/all** majors, minors or certificate programs. **Complete and Attach an Application for Program Modification.**

Name of Submitter (Please type or print) Signature of Submitter Date

Name of Department Chair (Please type or print) Signature of Department Chair Date

Vote: _____ / _____ / _____

Name of cross-listed Department Chair(s) Signature of cross-listed Department Chair Date

Vote: _____ / _____ / _____

Signature of Division Chair Date Signature of cross-listed Division Chair Date

Course modification: Course _____ Date _____

Note: The Department Chair/Division Chair Forwards This Application To:

College Curriculum Review Committee: Recommended: Not Recommended, **return to proposer:**
Vote: _____/_____/_____

Signature of CRC Chair _____
Date

CRC Comments:

College Senate: Vote: _____/_____/_____ Recommended: Not Recommended, **return to CRC:**

Signature of College Senate Chair _____
Date

Senate Comments:

College Dean: Approved: Not Approved, **return to Senate/CRC:**

Signature of Dean _____
Date

Dean's Comments:

Note: The College Dean Forwards This Application To:

Campus-wide Curriculum Review Committee: Approved: Not Approved, **return to Dean:**

Signature of CCRC _____
Date

CCRC Comments:

Vice Chancellor for Academic Affairs: Approved: Not Approved, **return to proposer:**

Signature of VCAA _____
Date

VCAA Comments:

Signature page returned to: College Curriculum Review Committee
on _____ (date)

Submitter on _____ (date)

Copy of Application sent to Course Inventory/DSA – Office of the Registrar on _____ (date)

Placed in catalog on _____ (date)