



**LSU Health Sciences Center
at New Orleans**
Office of the Registrar
433 Bolivar Street, 1st Floor
New Orleans, LA 70112
(504) 568-4829 (504) 568-5545 fax
registrar@lsuhsc.edu

REQUEST FOR REVISED COURSE

Entered _____
By _____
For use by the Registrar's Office

Enter Current PeopleSoft Course ID # _____ Date _____

CHECK AND COMPLETE ONLY THOSE AREAS TO BE REVISED. JUSTIFY REVISIONS ON PAGE 3

Contact the Registrar if you have questions concerning the completion of this form.

- School _____
- Career _____ Department _____
- Course prefix (e.g., Path) _____ Course # _____
- Transcript course title (limit 30 characters) _____
- Revised Catalog/Bulletin course title (limit 100 characters)

- Revised Prerequisites _____
- Enrollment by permission of the Instructor Department Head Not Applicable
- Semesters offered Fall Spring Summer
- Grading Scheme Graded Pass/Fail Satisfactory/Unsatisfactory Honors (Medicine)
- Course Type Lecture Lab Clinical Seminar Research Independent Study
 Practicum
- Semester/Contact credits _____ Hours per week ▶ Lecture _____ Lab _____
- Can this course be repeated for credit? Yes No
- Are multiple enrollments in the same term allowed (e.g. Special Topics)? Yes No
- Estimated number of students expected per semester _____
- Maximum number of student allowed to enroll in each section of this course per semester _____
- Effective Semester ▶ Fall Spring Summer Academic Year _____
- To what degree, if any, will the revised course duplicate other courses offered in your department and similar courses given in other departments or colleges?

- For what curriculum or curricula is the revised course designed?

- Will it be a required course? Yes No If yes, for whom?

- Has the course revision been discussed and approved by the faculty of the department concerned? Yes No

All revised courses must be approved by the Vice Chancellor for Academic Affairs.

21. If this course is revised, will you need additional Staff Space or Equipment? Please explain needs below.

22. Catalog/Bulletin revised course description (limit 2,500 characters). Please enter this information in paragraph style. Do not format the information using an outline or bullets. When you submit this request for a new course to your department/school you may attach additional pages, which contain a more detailed description of the requested course.

----- **APPROVALS** -----

Department Head

Typed name

Signature

Date

Curriculum Committee Chair

Typed name

Signature

Date

School Dean

Typed name

Signature

Date

Vice Chancellor for Academic Affairs

Typed name

Signature

Date

JUSTIFICATION FOR REVISIONS