



Mode of delivery
(specify lecture field
trips labs etc)

Lecture

4. COURSE CLASSIFICATIONS:

YES

YES

7. COMPLETE CATALOG DESCRIPTION AS IT SHOULD APPEAR AFTER ALL CHANGES ARE MADE:

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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Signature Chair
Program/Department of

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Course

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

[Redacted Signature]

[Redacted Signature]

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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]

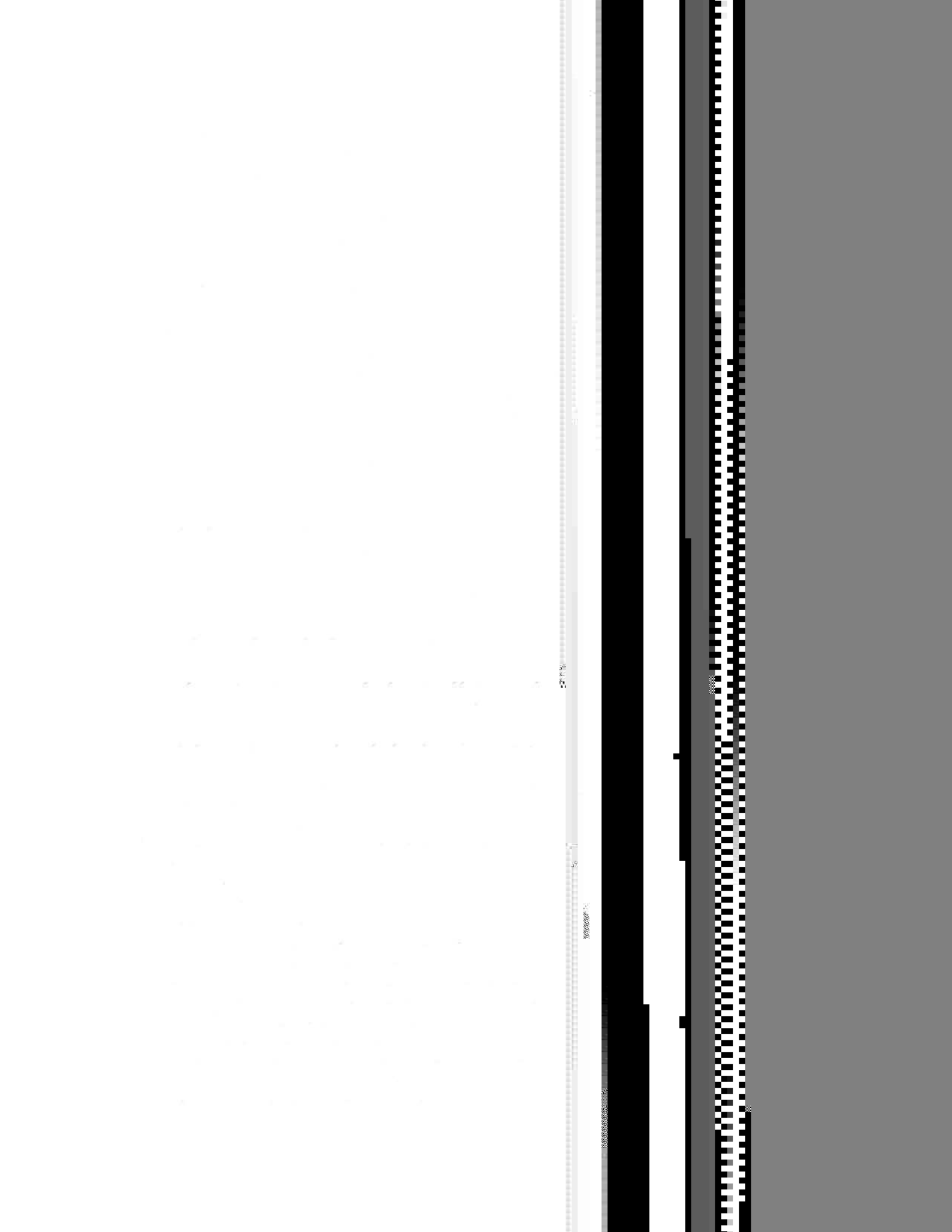
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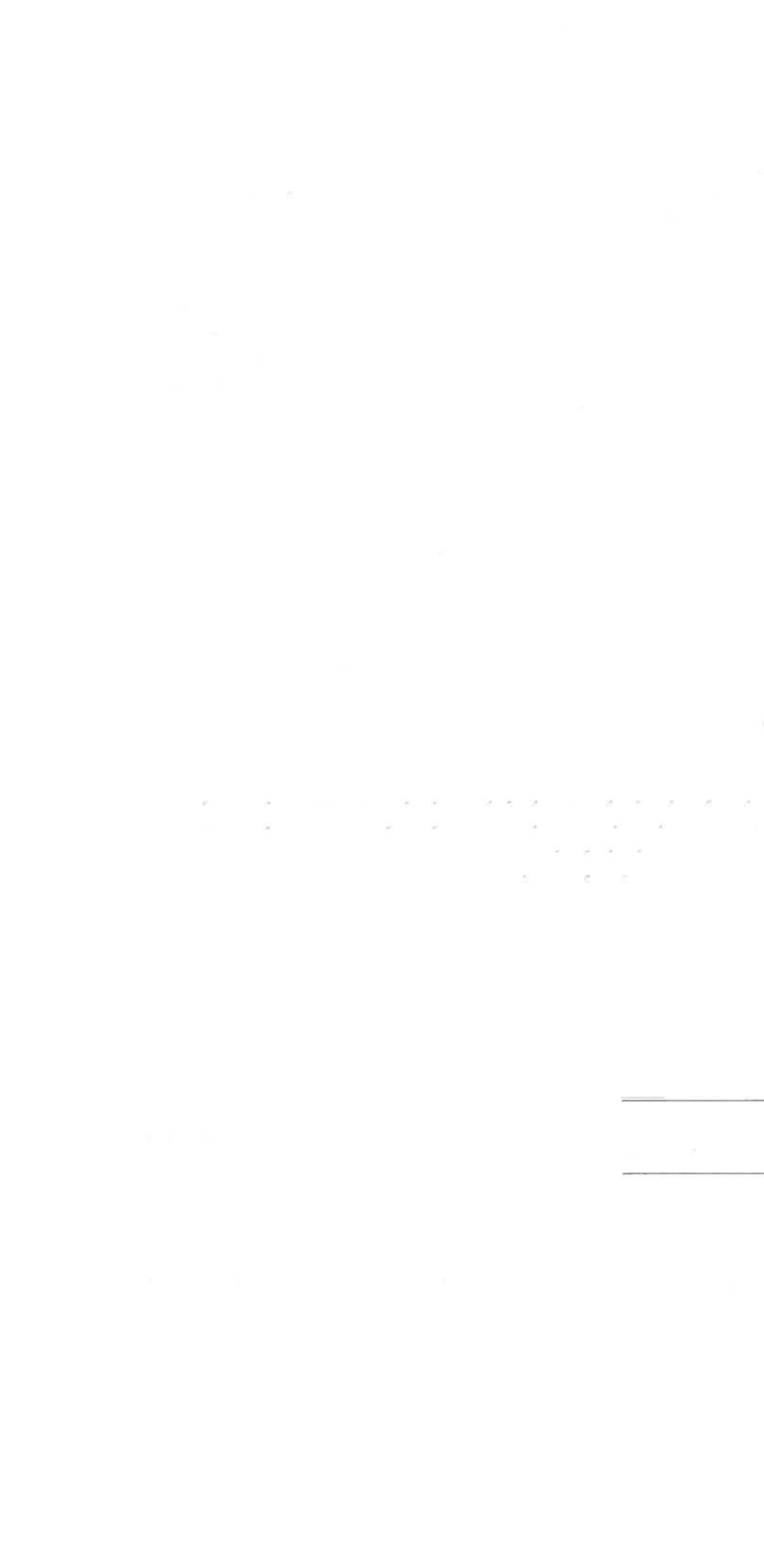
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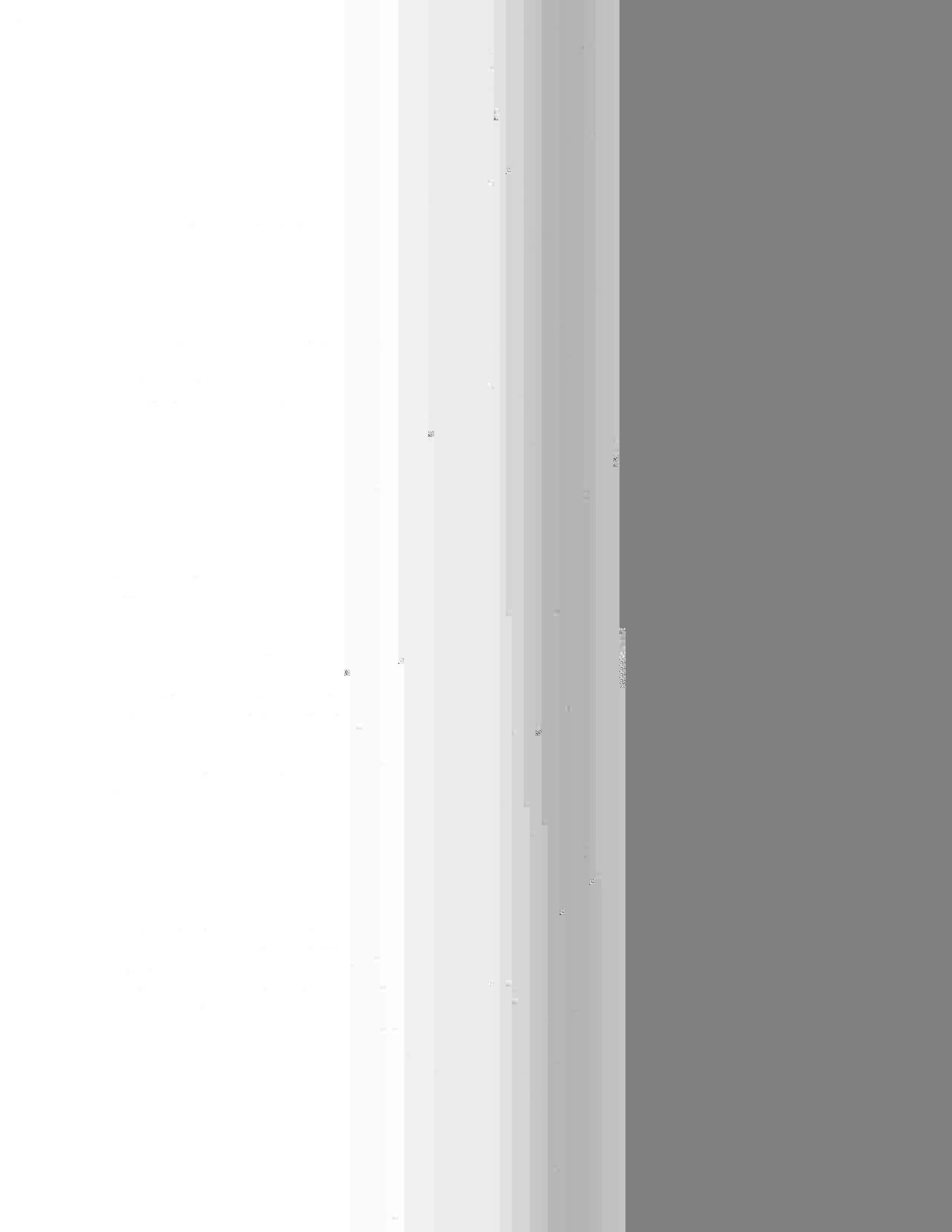
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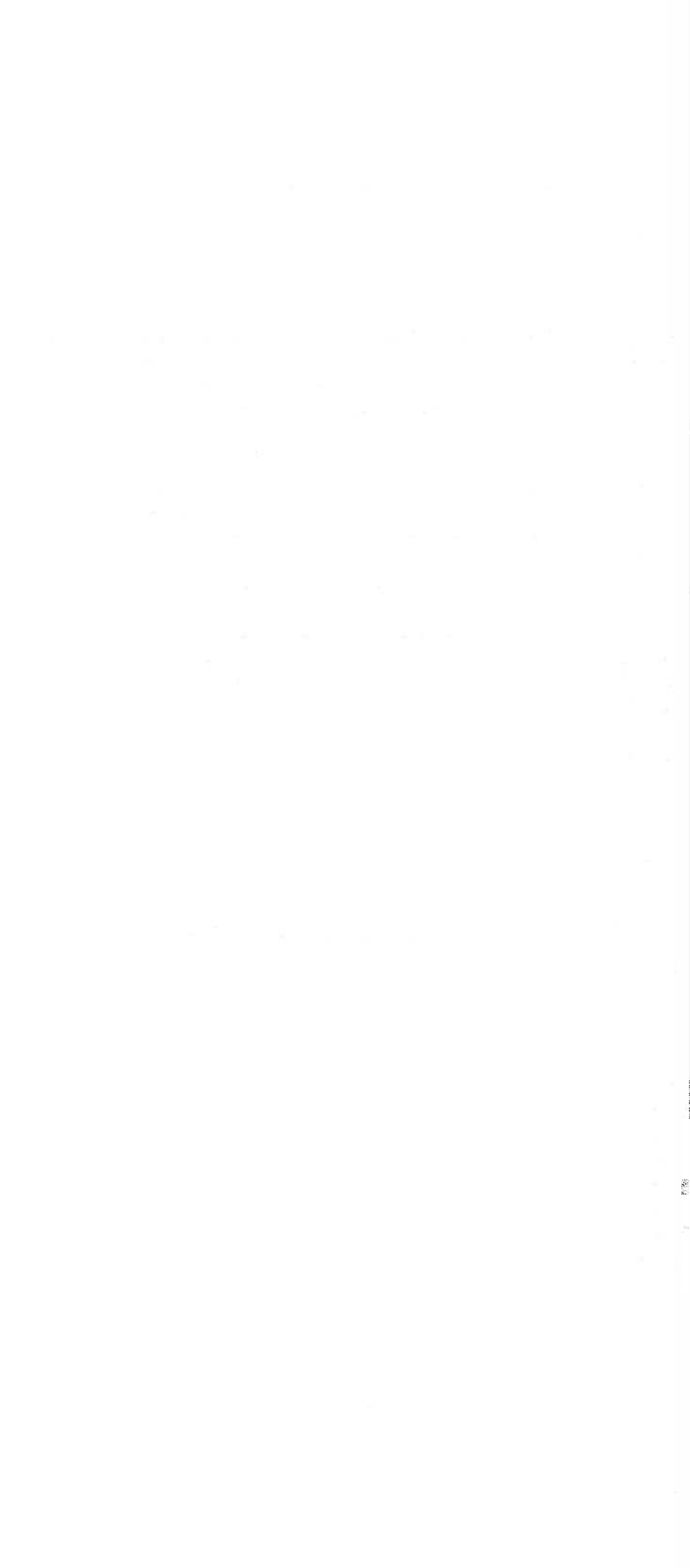












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