

Course Impact Summary

Course Number: _____

This form is required if:

- the revised course is a prerequisite for any other course OR used in a program as a programs requirement or selective AND
- the revision is to the course description, outline, content, number of credits, and/or course number/level

Date: _____

To: _____

From: _____

The course _____
 (Course number and title)

is being revised. This course is either required in your program or used as a prerequisite for one or more courses in your department. Please contact me with questions by _____ before the final copy of the revision is submitted to the CIC. E-mail responses are acceptable and will be submitted with this form.

Program Director/ Department Chair	This course is <ul style="list-style-type: none"> • A prerequisite for the following courses: <li style="text-align: center;">OR • Used in the following programs: 	Signature/initials

Course Proposer: _____
 e-mail address: _____
 campus phone #: _____