



**COMMITTEE ON COURSES OF INSTRUCTION
ACADEMIC SENATE-BERKELEY**
CROSS-LISTED COURSES
TO REQUEST COURSE
MODIFICATION, APPROVAL OR WITHDRAWAL
E0620 (R2/97)

Admin. Dept.	Participating Dept(s)
Course Numbers (incl. dept. abbreviation, i.e., Mcellbi 100, etc.)	
Date Submitted	Effective Term (i.e. Fall 1999, etc.)

Course Title

Abbreviated Transcript Title (19 Characters)	Grading (Letter, P/NP, S/U, IP)	Units	Offered (F, Sp, Su)
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Courses that will restrict credit	Instructor(s)
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Prerequisites

Duration of Course + Format: (check as many as apply—indicate F/Sp and/or Summer offerings)	Estimated Total Number of Required Hours of Student Work per Week: 15 week term 10 week term 8 week term 6 week term Other
<input type="checkbox"/> 15 weeks	
<input type="checkbox"/> 10 weeks Term: <input type="checkbox"/> Fall/Spring <input type="checkbox"/> Summer	
<input type="checkbox"/> 8 weeks Term: <input type="checkbox"/> Fall/Spring <input type="checkbox"/> Summer	
<input type="checkbox"/> 6 weeks Term: <input type="checkbox"/> Fall/Spring <input type="checkbox"/> Summer	
<input type="checkbox"/> Other: _____ weeks Term: <input type="checkbox"/> Fall/Spring <input type="checkbox"/> Summer	

Course Description: (500 spaces limit)

CHECK AS MANY AS APPLY: NEW COURSE MUST INCLUDE SYLLABUS, READING LIST, ETC., TO BE PROVIDED ON SEPARATE SHEET

<input checked="" type="checkbox"/> Cross-listed course	<input type="checkbox"/> Change course title	<input type="checkbox"/> Change prerequisite						
<input type="checkbox"/> New course in regular program of department	<input type="checkbox"/> Change course description	<input type="checkbox"/> Change grading option						
<input type="checkbox"/> Withdrawal of course (last offered: _____)	<input type="checkbox"/> Change unit value	<input type="checkbox"/> Other (Explain in "remarks")						
<input type="checkbox"/> Special purpose course to be offered only once	<input type="checkbox"/> Change format	<table border="1"> <tr> <td colspan="2">Course repeatable for credit?</td> </tr> <tr> <td>Yes*</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Course repeatable for credit?		Yes*	No	<input type="checkbox"/>	<input type="checkbox"/>
Course repeatable for credit?								
Yes*	No							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> Summer Session Course	<input type="checkbox"/> Change course number (from _____ to _____; last term offered: _____)							
<input type="checkbox"/> American Cultures course	<input type="checkbox"/> Restoration of course (previous course # _____; last term offered: _____)							

REMARKS:

Chair—Administrating Department	Dean of College, Division or School
Chair—Second Participating Department	Committee on Courses of Instruction
Chair—Additional Participating Department	Graduate Division
Chair—Additional Participating Department	Other