



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

Existing Courses Minor Modification

Use this form to request minor modifications of existing unique and common courses. Consult the system database through Colleague or the [Course Inventory Report](#) for information about existing courses before submitting this form. If the course revision is for an approved General Education course, please see the Revision to General Education Requirements Form.

| | | | |
|-------------------------|----------------------------|---|-----------------------------|
| DSU | College of Computing | | Click here to enter a date. |
| Institution | Division/Department | Originator | Date |
| | Dr. Wayne Pauli | | Click here to enter a date. |
| Department Chair | School/College Dean | Institutional Approval Signature | Date |

Section 1. Existing Course Title and Description

| Prefix & No. | Course Title | Credits |
|--------------|--------------|---------|
| CSC 890 | Seminar | 3 |

Effective Date: 5/15/2017

This course is a (Place an "X" in the appropriate box):

- Unique Course** (see section 2) **Common Course** (see section 3)

Section 2. Unique Courses: Requested Minor Modifications

| | <u>Current</u> | <u>New</u> |
|--|----------------|------------|
| <input type="checkbox"/> Prefix change | _____ | to _____ |
| <input type="checkbox"/> Course Number change | _____ | to _____ |
| <input type="checkbox"/> Credit hours | _____ | to _____ |
| <input type="checkbox"/> Course pre-requisites | _____ | to _____ |
| <input type="checkbox"/> Course co-requisites | _____ | to _____ |
| <input type="checkbox"/> Registration restriction | _____ | to _____ |

- Enrollment limitation** _____ to _____
- Repeatable for additional credit** _____ to _____
- Grading option** Allow Pass/No Pass to Only Pass/No Pass
- Course title change** _____
- Cross-listing and equating with** _____
- Dual-listing at 400/500 level**
- Course description (that does not change course content). Complete table below:**
- Add course in x9x series**
CIP Code: _____
- New to this university?* Yes No
- Will this university's sections of the course be limited to S/U (pass/fail)?*
 Yes No
- Delete Course (effective date):** [Click here to enter a date.](#) _____

Justification for changes indicated in Section 2:

| |
|---|
| Change course grading to be Only Pass/No Pass so only grades of S/U can be entered. |
|---|