WINONA STATE UNIVERSITY NOTIFICATIONS

Department		Date
		nsidered a Notification, complete and submit this <i>n</i> , for complete information on submitting proposals
Please check type of chang	ge(s):	
Reduction in course nu	mber Change in grading option	Change in hours or credits in an independent study course
Change in course title	Change in course description*	_ Change in existing major, minor, option concentration, etc.*
Change in prerequisites	Change in course number within	level, e.g. 310 to 350
Change in instructional	delivery method(s)	
A. Current Course Info	ormation	
Course No.	Course Title	Credits
This proposal is for a(n)	Undergraduate Course	Graduate Course
Applies to Major:	Required Minor: Elective	Required Elective
Prerequisites		
Grading	Grade onlyP/NC only	Grade and P/NC Option
Frequency of offering	Instructional delivery	y method(s)
Proposed Course Inform	nation (Please indicate only proposed chan	ges below.)
Course No.	Course Title	Credits
Prerequisites		
Grading	Grade only P/N	C only Grade and P/NC Option
Frequency of offering	Instructional deliv	very method(s)
Effective date (normally the	ne next semester)	
D *If 411		

B. *If the proposal requests a change in the course description, please attach a description of the change requested and list both the current and proposed course description. If the proposal requests a change in an existing major, minor, option, concentration, etc., please attach a description of the change(s) requested and list both the current and proposed program listings.

Approved by the Department			
	Department Chair	Date	
	e-mail address		
Approval of College Dean			
	Dean of College		Date
Presented at A2C2 meeting on			
	Date	Chair of A2C2	
Presented at Graduate Council			
meeting on (if applicable)	Date	Chair of Graduate Council	
Submitted to Registrar on		Registrar: Please notify department chair via e-mail that	
	Date	Notification has been recorded.	