

SCHOOL OF PUBLIC HEALTH
EDUCATIONAL POLICY COMMITTEE
MASTER COURSE FORM

Check type of correction to be made: **DELETION** **ADDITION** **CHANGE**

Change to become effective: Fall Semester: _____ Spring Semester: _____ Summer Semester: _____

DELETION

Course Prefix and Number to be deleted: _____

ADDITION

Course Prefix and Number to be added: _____

Credit Hour(s): _____ Grading: Letter Pass /Fail

Instructor(s): _____ Semester(s) to be taught: _____

Course Title: (100 character limit)

Abbreviated Title: (30 character limit) _____

Prerequisites/Restrictions: _____

Please select one of the following statements if applicable: Only available to School of Public Health degree seeking students
 Only open to graduate non-degree seeking students as space permits

CHANGE

Course Prefix, Number and Title to be changed: _____

Credit Hour(s): _____ Grading for new course: Letter Pass /Fail

Instructor(s): _____ Semester(s) to be taught: _____

New Course Prefix and Number : _____

New Course Title: (100 character limit)

Abbreviated Title: (30 character limit) _____

Prerequisites/Restrictions: _____

Please select one of the following statements if applicable: Only available to School of Public Health degree seeking students
 Only open to graduate non-degree seeking students as space permits

Signatures

Department Chair

EPC Chair

Senior Associate Dean

Graduate Dean (if required)

Date:

Date:

Date:

Date: