**2024-25 Course Modification**

INSTITUTION AND RELATED PROGRAM INFORMATION

Institution:

Related Program Title:

Governing Board Approval Date:

Proposed Modification Date: (e.g., Fall 2025)

CONTACT INFORMATION

Name of Chief Academic Officer:

Email of Chief Academic Officer:

COURSE INFORMATION

List course prefix, number, name, description, and prerequisite (current and proposed).

If a cross-listed course, list prefix, number, and name of cross listing.

If a change in course level, provide new course description and objectives.

If the modified course will be a General Education course, complete the following items:

* G.E. Objective and Supporting Goal
* Assessment Measure
* Assessment Performance Standard
* Sampling Method

NOTE

Submission of the Course Modification form requires the submission of the Program Modification form as well.