



COMMITTEE ON COURSES OF INSTRUCTION
ACADEMIC SENATE-BERKELEY
CROSS-LISTED COURSE
APPROVAL FORM
 TO REQUEST COURSE
 MODIFICATION, APPROVAL OR WITHDRAWAL

Administrating Dept.	Participating Department(s)
Course Numbers (include dept. abbreviation, e.g., MCELLBI C100)	
Date Submitted	Effective Term (e.g., Fall 2009)

Course Title

Abbreviated Transcript Title (19 spaces maximum)	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 (check all that apply)	Format (e.g., 3 hrs LEC + 1 hr DIS per week) (fill out for each term course will be offered)	TIE Format	Estimated Total Number of Required Hours of Student Work Per Week
15 weeks			
10 weeks Term: Fall / Spring Summer			
8 weeks Term: Fall / Spring Summer			
6 weeks Term: Fall / Spring Summer			
Other: _____ weeks Term: Fall / Spring Summer			

Course Description (500 space limit; additional text will be truncated)

Check as many as apply. New courses or substantial changes should have complete syllabus attached.

<input type="checkbox"/> Cross-listed course <input type="checkbox"/> New course <input type="checkbox"/> Withdrawal of course (last offered: _____) <input type="checkbox"/> Special purpose course to be offered only once <input type="checkbox"/> Summer session <i>only</i> course <input type="checkbox"/> American Cultures course	<input type="checkbox"/> Change course title <input type="checkbox"/> Change course description <input type="checkbox"/> Change unit value <input type="checkbox"/> Change instructional format <input type="checkbox"/> Change course number (from _____ to _____; last term offered: _____) <input type="checkbox"/> Restoration of course (previous course # _____; last term offered: _____)	<input type="checkbox"/> Change prerequisite <input type="checkbox"/> Change grading option <input type="checkbox"/> Other (Explain in Remarks)
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Course repeatable for credit? Yes* No

*Note conditions of the repeat in the Remarks section.

Remarks (or attach separate sheet)

Chair, Administrating Department	Chair, Second Participating Department
Chair, Additional Participating Department	Dean of College, Division, or School (if required)
Chair, Additional Participating Department	Committee on Courses of Instruction
	Approval Date