Kansas Board of Regents
(Revised 02/17/03)

REQUEST FOR COURSE APPROVAL/DELETION
AREA TECHNICAL SCHOOLS/TECHNICAL COLLEGES

Name of Institution _____ Date of Submission _____

Address _____ City _____ ZIP Code _____

PROGRAM NAME: _____CIP Code_____

Course Title: _____ Effective Date: _____

COURSE STATUS:

_____ New Course, Title: _____

_____ Delete Course, Title _____

_____ Course Title Changed: Old _____

New _____

_____ Change Course Clock Hours

_____ Course Content Change

COURSE INFORMATION:

Total Clock Hours: _____

Grade Level: _____

Reason for Course Change: _____

_____

_____

_____ _____ _____
Signature of Administrator Title Date

SUBMIT ONE COPY TO ACADEMIC AFFAIRS, COMMUNITY COLLEGES/TECHNICAL EDUCATION, KANSAS BOARD OF REGENTS, 1000 S.W. JACKSON, SUITE 520, TOPEKA, KANSAS 66612-1368

FOR STATE USE ONLY

_____ Approved _____ Disapproved

COMMENTS:

_____
Director Date