

## Course Title Change Request Form 2020-2021

Instructions: Completed Form must be submitted to the Teaching For Learning Department. All components must be completed electronically—only signatures and dates may be handwritten (in pen).

### A. General Information

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_ Building: \_\_\_\_\_

1. Current Course Title:
2. Current Course Code:
3. Grade Level(s): \_\_\_\_\_ Department: \_\_\_\_\_
4. This course is (check all that are applicable):
  - a.  Semester Long  Year Long
  - b.  Elective  Required
  - c.  Letter Graded  Pass/Fail
  - d.  Other (please specify): \_\_\_\_\_
5. Proposed New Course Title:

### B. Additional Information

1. Please explain in detail why a title change is needed for this particular course.
2. Outline possible unintended consequences of a course title change. (It is important to note that once a title is changed, the new title will be printed on the transcripts of all students, including any former students who took the course under the old title.)
3. What plans are in place, if any, to help alleviate or remedy some of those unintended consequences?

### C. Signatures

Building Signatures Required from the Submitting School

- |                                              |                                                |
|----------------------------------------------|------------------------------------------------|
| 1. Originator of Request (Required)          | Name: _____<br>Signature: _____<br>Date: _____ |
| 2. Content Department Head (If applicable)   | Name: _____<br>Signature: _____<br>Date: _____ |
| 3. Program Coordinator (If applicable)       | Name: _____<br>Signature: _____<br>Date: _____ |
| 4. Principal (If originated at school level) | Name: _____<br>Signature: _____<br>Date: _____ |

Teaching for Learning Signatures

5. Content Facilitator (Required)

Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

6. TFL Director (Required)

Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7. Executive Director of Scholar Learning,  
Academic Programs, and Staff Development  
(Required)

Name: Dr. Melissa Spencer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

8. Chief Academic Officer (Required)

Name: Marla Newton

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For TFL Department Use Only:

Final recommendation is for

Approval

Denial

9. Student Information Specialist (Required)

Name: Jennifer Potter

Signature: \_\_\_\_\_

Date: \_\_\_\_\_