



Office of the Registrar

TENNESSEE TECH

COURSE CHECKLIST FOR CURRICULUM COMMITTEE

Date: _____

Change: _____

Addition: _____

Deletion: _____

Curriculum Committee Date: _____

Course Subject: _____

Course Number: _____

Course Title: _____

Please enter the number of contact hours in the space provided as well as the credit hours:

Type and Contact Hours: LEC Hours _____ LAB Hours _____ IND Hours _____ Other Hours _____

Total Credit Hours: _____

Effective Year & Term: _____
(for new or changed classes)

Last Term & Year Effective: _____
(for deleted classes)

Department: _____

Repeat for Credit: Y _____ N _____ If yes, number of times or credit hours the course can be repeated _____

Grade Mode: Standard _____ Satisfactory/Unsatisfactory _____

Prerequisites: _____

Co-requisites: _____

Attributes: _____
(General Education course, High Impact Practices course, etc.)

Restrictions: _____
(Registration is Restricted to Class [Jr., Sr.], Major, College, etc.)

Course Description:

RECORDS OFFICE USE ONLY:

Approved: _____

Denied: _____

Date: _____