

61-UCCh.

See h p _____ u/ g y _____ gr p _____

Dept

Course # 299

COURSE TITLE

2 **ACTION DESIRED:** Check the changes to be made to the existing course.

Change Course If Change, indicate below Drop
what is changing. Course

DESCRIPTION
FREQUENCY OF OFFERING

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COURSE CLASSIFICATION



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4. COURSE CLASSIFICATIONS:

YES

University of the Americas

University of the Americas

University of the Americas

University of the Americas

University of the Americas

University of the Americas

APPR (Additional signature blocks may be added as necessary.)

[Handwritten Signature]

Date

Signature Chair College/School
Curriculum Council

Date

Signature Dean College/School
of

Date

Signature of Provost (if applicable)

Date

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE.

Signature Chair
Program/Department of

Date

Date

