

LAWSON STATE COMMUNITY COLLEGE
Division of Instructional Services

CATALOG AMENDMENT FORM

Directions: Complete the following Catalog Amendment form and submit it to your division chair. Be sure and request the CATALOG YEAR the change will be implemented if approved. NOTE: ONLY A CURRENT AND FUTURE CATALOG MAY BE AMENDED.

Instructor's Name: _____ Current Date: _____

Program of Study: _____ Term & Year of Implementation: _____

Division: _____ Type of Degree Plan: AA/AS CER AAS STC

Current Course, Prefix, Number, Title to be removed from degree plan	Proposed Course Prefix, Number, Title to be added to degree plan	*Course Equivalent ? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Area (I, II, III, IV, V)	Theory Contact Hrs	Lab Contact Hrs	Credit Contact Hrs	Experimental Hrs ?
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No					

***If NO, this means that the current course and proposed courses are not the same in content and a new tracking number needs to be reflected on proposed new course.**

Comments:

For Records Office Use Only

Received Date: _____

Processed Date: _____

Registrar/
Asst Dean _____

Comments: _____

Approved

Denied

Signature: _____ Instructor/Advisor

Signature: _____ Department Chair

Signature: _____ Dean/Associate Dean

Signature: _____ Vice President for Instructional Services