# COURSE ACTION REQUEST FORM (CARF)

1. Course ______________________
   Prefix Number

2. Department ______________________

**NOTE:** This form may be used to accomplish any of the actions provided for in each of the areas noted below. Such requests are initiated and handled in accordance with internally established department and college procedures; however, in all instances the department chair and college dean must sign the form and forward it to the Curriculum Coordinator, ADM 447, in accordance with established dates for the course review and approval process. For special assistance regarding the form, call x82383.

3. Course Title ______________________

4. Last term course offered ______________________ 5. Catalogue Number ______________________

## Check Action Requested and Provide Needed Information

☐ **DELETE COURSE**

Request that this course be deleted. Note any special instructions:

☐ **CONTINUE TEMPORARY OR EXPERIMENTAL COURSE**

Request that this course which is an active, continuing course be cleared for offering in the next term which is:

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

Term Year

☐ **PLACE IN COURSE RESERVE BANK**

Request this ☐ Regular or ☐ Topic course be placed in Course Reserve Bank. Last term this course offered:

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Term Year

☐ **REMOVE FROM COURSE RESERVE BANK AND ACTIVATE**

Request this Regular or Topic course be removed from Course Reserve Bank and activated, without change, for the term indicated:

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Term Year

Attach most current copy of Course Proposal Form for this course, with description, or type description below.

☐ **SPECIAL ACTION**

This special request section is to be used only after consultation with appropriate staff in Academic Affairs.
Nature of request:

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Department/Program Chair ______________________ Date: __________

College Dean: ______________________ Date: __________

Academic Affairs: ______________________ Date: __________

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