



RICE UNIVERSITY  
**OFFICE OF THE REGISTRAR**  
**Request to Add/Change/Reactivate a Course**

<b>OTR Staff Only</b>
Date Received: ___/___/___
Date Processed: ___/___/___
Processed By: _____

**Add Course**     
  **Change Course**     
  **Reactivate:**   
  **Changes**   
  **No Changes**  
*\*If making changes to a course, please document all new information in red ink. All blanks must be filled.*

**Course Information:** *if adding a course, complete all information; if changing or reactivating a course, please complete the changed information in red. Indicate the semester and the year that the course is to be in effect.*

**Effective**

<b>Fall</b>
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<b>Spring</b>
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<b>Year</b>
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Course Name & #: \_\_\_\_\_ URL: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Instructor: \_\_\_\_\_ Repeatable for Credit:  No     Yes    #: \_\_\_\_\_  
 Long Title: \_\_\_\_\_ Limited Enrollment:  No     Yes  
 \_\_\_\_\_  
 Short Title: (30 char) \_\_\_\_\_  
 Registration Permission Required:   
  Instructor   
  Department   
  Permission not Required  
 Grade Mode:  Standard     Satisfactory/Unsatisfactory (graduate courses only)  
 Credit Hours:  Fixed: \_\_\_\_\_     Variable: from \_\_\_\_\_ to \_\_\_\_\_  
 Format:  Lecture     Seminar     Lab     Research     Lecture/Lab     Other \_\_\_\_\_

Associated Courses								
Add	Delete	Course Name and Number	Pre-Requisite	Co-Requisite	Recomm	Cross- List	Equiv	Grad/UG Equiv

**Description** *(Please type or print clearly; 50 words or less )*

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<b>Course Approval</b>		
_____ <i>Department Chair Signature</i>	_____ <i>Department Chair Printed Name</i>	_____ <i>Date</i>
_____ <i>Department Chair Signature (cross-listed course)</i>	_____ <i>Department Chair Printed Name (cross-listed course)</i>	_____ <i>Date</i>
_____ <i>Division Dean Signature</i>	_____ <i>Division Dean Printed Name</i>	_____ <i>Date</i>

*Please contact the Office of the Registrar, Attn: Debra Roberts, Assistant Registrar, with questions regarding this form.  
 When completed, please return to the Office of the Registrar - 6100 Main Street - MS-57 - Houston, TX 77005-1892  
 Phone 713-348-8041 - Fax 713-348-5921*