



**LSU Health Sciences Center  
at New Orleans**  
Office of the Registrar  
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New Orleans, LA 70112  
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# REQUEST FOR REVISED COURSE

Entered _____
By _____
For use by the Registrar's Office

Enter Current PeopleSoft Course ID # \_\_\_\_\_ Date \_\_\_\_\_

**CHECK  AND COMPLETE ONLY THOSE AREAS TO BE REVISED. JUSTIFY REVISIONS ON PAGE 3**

Contact the Registrar if you have questions concerning the completion of this form.

1.  School \_\_\_\_\_
2.  Career \_\_\_\_\_ Department \_\_\_\_\_
3.  Course prefix (e.g., Path) \_\_\_\_\_ Course # \_\_\_\_\_
4.  Transcript course title (limit 30 characters) \_\_\_\_\_
5.  Revised Catalog/Bulletin course title (limit 100 characters)  
\_\_\_\_\_
6.  Revised Prerequisites \_\_\_\_\_
7.  Enrollment by permission of the  Instructor  Department Head  Not Applicable
8.  Semesters offered  Fall  Spring  Summer
9.  Grading Scheme  Graded  Pass/Fail  Satisfactory/Unsatisfactory  Honors (Medicine)
10.  Course Type  Lecture  Lab  Clinical  Seminar  Research  Independent Study  
 Practicum
11.  Semester/Contact credits \_\_\_\_\_ Hours per week ▶ Lecture \_\_\_\_\_ Lab \_\_\_\_\_
12.  Can this course be repeated for credit?  Yes  No
13.  Are multiple enrollments in the same term allowed (e.g. Special Topics)?  Yes  No
14.  Estimated number of students expected per semester \_\_\_\_\_
15.  Maximum number of student allowed to enroll in each section of this course per semester \_\_\_\_\_
16.  Effective Semester ▶  Fall  Spring  Summer Academic Year \_\_\_\_\_
17.  To what degree, if any, will the revised course duplicate other courses offered in your department and similar courses given in other departments or colleges?  
\_\_\_\_\_
18.  For what curriculum or curricula is the revised course designed?  
\_\_\_\_\_
19.  Will it be a required course?  Yes  No If yes, for whom?  
\_\_\_\_\_
20.  Has the course revision been discussed and approved by the faculty of the department concerned?  Yes  No

All revised courses must be approved by the Vice Chancellor for Academic Affairs.

21.  If this course is revised, will you need additional  Staff  Space or  Equipment? Please explain needs below.

22.  Catalog/Bulletin revised course description (limit 2,500 characters). Please enter this information in paragraph style. Do not format the information using an outline or bullets. When you submit this request for a new course to your department/school you may attach additional pages, which contain a more detailed description of the requested course.

----- **APPROVALS** -----

**Department Head**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Curriculum Committee Chair**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Dean**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Vice Chancellor for Academic Affairs**

Joseph M. Moerschbaecher, PhD  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## JUSTIFICATION FOR REVISIONS