**Course Number/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title Change Details**

Section complete

**Title Change Impact**

We have discussed this proposed change with all programs that will be affected.

We have consulted all relevant [academic advisor(s)](https://www.lanecc.edu/advising/advisors) about course articulation agreements and transfer issues.

We have informed the [High School Connections](https://www.lanecc.edu/hsconnections/contact) Office about revisions to this course. (Contact x3289)

Reviewed by faculty (discipline team and/or those affected by this course revision). [Date reviewed xx/xx/xx]

**Minimum Course Certification Standards (required to be submitted to ASA)**

Minimum Course Certification Standards form will be submitted to Academic and Student Affairs office (Bldg. 3, main campus) at the same time as course documents. Contact x5746 for help.

**Department review and signatures (Required)**

**Administrative Coordinator** name and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**Faculty Course Developer** name and signature (signature indicates proposal and checklist complete, ready for Committee)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**Division Dean** name and signature (signature indicates proposal and checklist complete, ready for Committee)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: