

**1. Effective Semester:**

Enter the semester and year.

**3. College:**

Enter the name of the originating college.

**5. Course Title:**

a) For course changes in which the title is changing, enter the current title in the "Current" box and the proposed title in the "Proposed" box.  
b) For course changes in which the title is not changing, enter the current title in the "Current" box.

**Prefix:**

Enter the course prefix on all course changes.

**Number:** Enter the course number on all course changes.

PPS 2.01 Attachment B

PROVOST OFFICE USE ONLY

**TEXAS STATE UNIVERSITY-SAN MARCOS  
COURSE INVENTORY FORM**

1. Check course number     5. Enter course in CB inventory  
 2. Enter course in TxSt inventory     6. Confirm CB inventory  
 3. Enter cross reference     7. Process Catalog/Addendum  
 4. Process BOR order

1. Effective Semester:  2. Action:  Add  Change  Delete

3. College:  4. Department/School/Program:

5. Course Title:

Current	<input type="text"/>
Proposed	<input type="text"/>

6. Course Description (50 words or less including prerequisites/corequisites):

7. Course Inventory Data:

Prefix	Number	CIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Abbreviated Title (18 characters only)

Contact Hours Lecture	Contact Hours Lab	Repeatable for Credit? Yes/No	Separate Lab Required? Yes/No	Writing intensive? Yes/No	Topics course? Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instruction Type:  Cross List/  
Cross Reference:

Valid grades?  
 • "I", "PR", "CR", "F" and "W" only   
 • All letter grades

**2. Action:**

Enter the course action "Change".

**4. Department/School/  
Program:**

Enter the name of the academic administrative unit.

**7. Enter the**

data only if it is requested to be changed.

Enter the  
 prefix and number  
 from previous page.

9. **Justification:** Enter the  
 explanation.

Page 2 of Course Inventory Request for:  
 Prefix/Number

8. Program which justifies this course:	
Degree and Major:	Certificate:
Minor:	Support/Service:

9. Justification for the course action:

10. Who is the faculty member to teach this course?

11. What is the anticipated enrollment per semester?

12. Is this course needed by an accrediting agency, a national organization, or a state organization? Yes/No  
 If yes, why?

13. Will additional library materials be needed for this course? Yes/No  
 If yes, what source?

14. Will additional faculty be needed for this course? Yes/No  
 If yes, what source?

15. Will research funds be needed for this course? Yes/No  
 If yes, what source?

16. Will special equipment be needed for this course? Yes/No  
 If yes, what source?

17. Approvals:

Department Chair or School Director	Date
Dean of College	Date
Dean of The Graduate College (if applicable)	Date
Chair of College Curriculum Committee	Date
Chair of University Curriculum Committee (if applicable)	Date

17. **Approvals:**  
 All CCC course changes  
 must have the required signatures,  
 including the fourth line signature of  
 the CCC Chair.