UNIVERSITY OF HAWAI'I AT MĀNOA UHM-2 FORM (TO MODIFY/RETIRE A COURSE)

See Guidelines for instructions and deadlines. Submit forms (one course per form) to uhmcrse@hawaii.edu.

1. Transaction Type		2. Course Subject and Number	r 3. Existing	3. Existing Full Course Title							4. Effective Term & Year of Change			
☐ Modify ☐ Retire (formerly delete)										□FA	🗆	SP	su	
	ormerly delete) onors Counterpa	uired 6. Existing	Cross-Liste	d Course	(s) Signatur	e of cross-li	isted depa	rtment(s) & D	Pean(s) requ	ired G	EO Use:			
		ounterpart status, also check Box 91							status, also che			Continue		
												Add Remove	-	
7a. Existing (Gen Ed Diversifi	cation, Foundations, or HSL De	none, write "none." If requesting a change, also fill out 7b						- 	Change to:				
	changing Gen E		DL DS	DB	DP	DY D	B+DY D	DP+DV	FGA FG	B FGC		FW	HSL	
•	dicate <u>requested</u>	c (If none, write "none." For cross-listed of									10	1 **	TIOL	
o. Existing Di	iankei Statement	· (1) none, write none. To cross-usieu (courses, include all appl	cubie bunkei si	инетепно. 19	requesting a c	nunge w me	ounkei sii	иетені, зиоті <u>п</u>	iemo).				
9. Other Requested Changes (Check all that apply. For each change requested, fill in Existing and Proposed Data. Read instructions carefully before completing; use additional sheets if needed)														
								Proposed Data (Enter data as it should appear after change)						
	a. Course Subje	Change Type ect and/or Number	Existing Data (Check Banner to confirm)				1 10poseu Data (Enter until us it snouth appear after change)							
Ш	h Course Title	(for alpha courses attach												
	b. Course Title (for alpha courses, attach separate sheet and specify titles for <u>each</u> alpha)		(1)				(1)							
	(1) Full Course Title													
	(2) Banner Course Title (30 characters max, including spaces and punctuation)		(2)					(2)						
	c. Frequency (c	heck all that apply)	Fall Semest		_	ımmer Sem	ester		all Semester			mmer Seme	ester	
	1.0% : 60		Spring Sem		☐ A	lternate yea	rs	<u> </u>	pring Semest	er	☐ Al	ternate year	'S	
	d. Offering Stat		☐ Experiment	al				□ R	egular					
	e. Grade Option	n(s) (check all that apply)	Letter Grad	e		ntisfactory/ nsatisfactor			etter Grade			tisfactory/ nsatisfactory	(500,	
			☐ CR/NC ☐ Audit		70	00, 800 only))		R/NC udit		70	0, 800 only)		
	f (1) Contact H	lours (per <u>semester</u>)			⊔ н	onors (Medi	icine only)		·······		☐ Ho	onors (Medi	cine only)	
	(2) Number of	· 	(1)		(2)			(1)			(2)			
	(3) Repeat Lin		(3)		(4)			(3)			(4)			
	(4) Credit Lin	pe (see <u>guidelines</u> for definitions)	□ CLN □ FLI	D LAB	LED	. Прра	□stu	CL	N 🗆 FLD	LAB	LED	☐ PRA	□stu	
	0, 11 11 7,	,												
	h (1) Major Po	strictions	□ DRR □ IN	V LEC	☐ LEI	_ SEM	☐ THE	⊔DR	r 🗆 inv	LEC	LEL	☐ SEM	☐ THE	
	h. (1) Major Restrictions (as they should appear in the Catalog)		(1)					(1)						
	(2) Banner C	odes of Acceptable Majors	(2)					(2)						
	i. Class Standir	ng Restrictions												
	j. Co-requisite (Course(s)												
	k. (1) Prerequisite Course(s)		(1)					(1)						
	(2) Prerequisite Grade Requirement													
			(2)					(2)						
П	l. Catalog Desc	ription imum. Do not include/count												
	other course in	nformation such as frequency,												
Ш	graue option,	and prerequisite courses.)												
	C 1i-t- 1	/II												
	(Signatures r	/Honors Course(s) equired on page 2. Submit												
syllabus for all courses except ~99.) 10a. Description of Change(s)			10b. Justification of Change(s) (attach additional sheets if needed)											
		,	· ·			,								
11. Syllabus Attached (except ~99 courses and retirements)			12. List other UF	I departmer	its and ca	mpuses the	at have be	en consu	lted.					
Yes Not Needed														

Admin use only: Course Fees ____ NI ____

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13. Cross-listed Department(s)/Honors Program (for SUST cross-listing, see Guidelines)								
Department/Unit	Chair/Director	Signature	Date					
Department/Unit	Chair/Director	Signature	Date					
14. Requested By								
I certify that the student learning objectives for the course are consistent with the learning objectives of each program under which the course is listed.								
Department/Unit	Chair/Director	Signature	Date					
Approved By								
			_					
1st College or School	Dean or Designee	Signature	Date					
2 nd College or School	Dean or Designee	Signature	Date					
General Education Office (for courses numbered 100-499)								
Director or Designee		Signature	Date					
Graduate Division (for Grad Division-administered courses)								
Dean or Designee		Signature	Date					
Office of the Provost								
Vice Provost for Academic Excellence or Designee		Signature	Date					