## REQUEST FOR ADDITION, EXPIRATION, OR REVISION OF AN UNDERGRADUATE COURSE

### (10000-40000 LEVEL)

**DEPARTMENT:** Mathematical Sciences  
**EFFECTIVE SESSION:** Fall 2010

**INSTRUCTIONS:** Please check the items below which describe the purpose of this request.

- [ ] 1. New course with supporting documents
- [ ] 2. Add existing course offered at another campus
- [ ] 3. Expansion of a course
- [ ] 4. Change in course number
- [ ] 5. Change in course title
- [ ] 6. Change in course credit/term
- [ ] 7. Change in course attributes (department head signature only)
- [ ] 8. Change in instructional hours
- [x] 9. Change in course description
- [ ] 10. Change in course requisites/restrictions
- [ ] 11. Change in semesters offered (department head signature only)
- [ ] 12. Transfer from one department to another

**PROPOSED:**
- Subject Abbreviation:  
- Long Title: Precalculus
- Short Title:  
- Abbreviated title will be entered by the Office of the Registrar if contract. (30 CHARACTERS ONLY)
- Course Number: 159
- Terms Offered: Check All That Apply:
  - Summer  
  - Fall  
  - Spring
- Campus(es) Involved:
  - Calumet
  - N. Central
  - Cont Ed
  - Tech Statewide
  - Fl. Wayne
  - W. Lafayette
  - Indianapolis

**CREDIT TYPE**
- 1. Fixed Credit: Credit Hours:  
- 2. Variable Credit Range:
  - Minimum Credit Hours (Check One):
    - [ ] 3. Repeatable Credit
    - To  
    - Or  
    - Maximum Repeatable Credit:  
    - Credits by Examination
  - 4. Equivalent Credits:  
    - Yes  
    - No  
- 5. Special Fees
- Schedule Type:
  - Lecture
  - Recitation
  - Presentation
  - Laboratory
  - Lab Prep
  - Studio
  - Distance
  - Online
  - Experiential
  - Research
  - Ind. Study
  - Paid/Unpaid
  - Cross-Listed Courses

**COURSE ATTRIBUTES:** Check All That Apply
- 6. Registration Approval Type:  
  - [ ] Department
  - [ ] Instructor
- 7. Variable Title
- 8. Honors
- 9. Full-Time Prerequisite
- 10. Off-Campus Experience

**COURSE DESCRIPTION INCLUDES REQUIREMENTS/RESTRICTIONS:**
Add the sentence: “This course is equivalent to MA 153 and MA 154 together.”

**COURSE LEARNING OUTCOMES**

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**OFFICE OF THE Registrar**

**Signature and Date:**
- [ ] Chair, Department Head  
  - Signature:  
  - Date:  
- [ ] College School Dean  
  - Signature:  
  - Date:  
- [ ] Student Affairs  
  - Signature:  
  - Date:  
- [ ] Indianapolis Department Head  
  - Signature:  
  - Date:  
- [ ] Indianapolis School Dean  
  - Signature:  
  - Date:  
- [ ] North Central Faculty Senate Chair  
  - Signature:  
  - Date:  
- [ ] Vice Chancellor for Academic Affairs  
  - Signature:  
  - Date:  
- [ ] West Lafayette Department Head  
  - Signature:  
  - Date:  
- [ ] West Lafayette College/School Dean  
  - Signature:  
  - Date:  
- [ ] West Lafayette Registrar  
  - Signature:  
  - Date: