1. **General Information**

Submitted By: Click here to enter text. Date: Click here to enter a date. Building: Choose an item.

1. Current Course Title: Click here to enter text.
2. Current Course Code: Click here to enter text.
3. Grade Level(s): Click here to enter text. Department: Click here to enter text.
4. This course is (check all that are applicable):
5. Semester Long Year Long
6. Elective Required
7. Letter Graded Pass/Fail
8. Other (please specify): Click here to enter text.
9. Proposed New Course Title: Click here to enter text.
10. **Additional Information**
11. Please explain in detail why a title change is needed for this particular course.  
    Click here to enter text.
12. Outline possible unintended consequences of a course title change. (It is important to note that once a title is changed, the new title will be printed on the transcripts of all students, including any former students who took the course under the old title.)

Click here to enter text.

1. What plans are in place, if any, to help alleviate or remedy some of those unintended consequences?

Click here to enter text.

1. **Signatures**

Building Signatures Required from the Submitting School

1. Originator of Request (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Principal (If originated at school level) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching for Learning Signatures

1. Content Facilitator (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Content Facilitator: please complete task at bottom of page 1 prior to signing.*

1. Director (Required) Name: Click here to enter text.  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Executive Director of Scholar Learning, Name: Erika Rudnicki  
    Academic Programs, and Staff Development Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Chief Academic Officer (Required) Name: Dr. Melissa Spencer  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For TFL Department Use Only:  
Final recommendation is for Approval Denial

1. Student Information Specialist (Required) Name: Emily Jacobs  
    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ITS USE ONLY**

**Course Code(s):**

**Other information:**