WINONA STATE UNIVERSITY
NOTIFICATIONS

Department ___________________________ Date __3/20/2014____________________

If the proposed curricular change involves existing courses and is considered a Notification, complete and submit this form. Refer to Regulation 3-4, Policy for Changing the Curriculum, for complete information on submitting proposals for curricular changes.

Please check type of change(s):
  _Reduction in course number__ _Change in grading option__ _Change in hours or credits in an independent study course
  _Change in course title__ _Change in course description*__ _Change in existing major, minor, option, concentration, etc.*
  _X Change in prerequisites__ _Change in course number within level, e.g. 310 to 350__ _Change in delivery method

A. Current Course Information

Course No.         Course Title
_MATH100__ Survey of Mathematics__________ __3__ Credits

This proposal is for a(n)    _X_ Undergraduate Course   _____ Graduate Course

Applies to     ______ Major    ____ Minor
                 _X_ Required    _X_ Required
                 ___ Elective    ___ Elective

Prerequisites    _X_ MATH 050 - Intermediate Algebra or mathematics placement.

Grading     ______ Grade only   ______ P/NC only   _X_ Grade and P/NC Option

Frequency of offering     ____ Every semester

Proposed Course Information. (Please indicate only proposed changes below.)

Course No.         Course Title

Prerequisites      (none)

Grading     ______ Grade only   ______ P/NC only   ______ Grade and P/NC Option

Frequency of offering

Effective date (normally the next semester)    _Fall 2014____________________

B. *If the proposal requests a change in the course description, please attach a description of the change requested and list both the current and proposed course description. If the proposal requests a change in an existing major, minor, option, concentration, etc., please attach a description of the change(s) requested and list both the current and proposed program listings.

Approved by the Department

Department Chair ___________________________ Date __3/25/14____________________

e-mail address ___________________________  

Notification to the College Dean

_X_ Yes  ____ No

Dean of College ___________________________ Date __3/26/14____________________

Presented at A2C2 meeting on

Date __4/9/2014____________________  Chair of A2C2 ___________________________

Presented at Graduate Council

meeting on (if applicable) ___________________________ Date __________

Chair of Graduate Council ___________________________

Submitted to Registrar on

Date __4/10/2014____________________ Registrar: Please notify department chair via e-mail that Notification has been recorded. ________________ [Revised 7-13-11]

*If a dean has comments on a notification, the dean shall forward the comments to the department.