WINONA STATE UNIVERSITY
NOTIFICATIONS

Department ______________________ Mathematics & Statistics ______________________ Date _________ 03/25/14

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.*
☐ Change in prerequisites  ☐ Change in course number within level, e.g. 310 to 350  ☐ Change in delivery method

A. Current Course Information

__________________________  Fundamentals of Statistics  _____________________________  3  Credits
Course No.  ____________________  Course Title

This proposal is for a(n)  ☑ Undergraduate Course  ☐ Graduate Course

Applies to  ☐ Major  ☐ Minor

☐ Required  ☐ Elective

Prerequisites  Qualifying score on mathematics placement exam or MATH 050

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

Frequency of offering  __________________________

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

Course No.  ____________________  Course Title  ____________________  Credits

Prerequisites  Qualifying score on mathematics placement exam or STAT 100

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  3/28/14

e-mail address  bspagla@winona.edu

Notification to the College Dean

X ☑ Yes  ☐ No

__________________________  ____________________
Dean of College  Date  3/28/14

Presented at A2C2 meeting on

4/9/2014  ____________________  ____________________
Date  Chair of A2C2

Presented at Graduate Council meeting on (if applicable)

__________________________  ____________________
Date  Chair of Graduate Council

Submitted to Registrar on

4/10/2014  ____________________
Date  Registrar: Please notify department chair via e-mail that Notification has been recorded.

*If a dean has comments on a notification, the dean shall forward the comments to the department. [Revised 7-13-11]