

Graduate Council Report

December 1, 2011

Course Withdrawals:

ARCH 677. Neuroscience and Architecture

FLOR 691. Research

FLOR 693. Professional Study

Supporting Statement for ARCH 677 – Neuroscience and Architecture

WITHDRAW

Supporting Statement:

Has not been taught in several years and current descriptions is too specific to be taught in the Department of Architecture.

Block

Texas A&M University
Departmental Request for a Change in Course
Undergraduate ♦ Graduate ♦ Professional
 • Submit original form and attachments •



1. Request submitted by (Department or Program Name): Department of Horticultural Sciences

2. Course prefix, number and complete title of course: FLOR 693 Professional Study

Attach a brief supporting statement for changes made to items 3a thru 3d, and 6 below.

3. Change requested

a. Prerequisite(s): From: _____ To: _____

b. **Withdrawal** (reason): Course is no longer offered.

c. Cross-list with: _____

Cross-listed courses require the signature of both department heads.

d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. **Attach a course syllabus.**

4. For informational purposes only, please indicate course number if this course will be stacked: _____

5. Complete current course title and current catalog course description: _____

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words): _____

7. a. As currently in course inventory:

Prefix		Course #		Title (excluding punctuation)																						
F	L	O	R	6	9	P	R	O	F	E	S	S	I	O	N	A	L	S	T	U	D	Y				
Lect.	Lab	SCH	CIP and Fund Code										Admin. Unit			FICE Code			Level							
0	9	0	0	0	9	0	1	1	1	0	3	0	0	0	5	1	5	2	0	0	0	3	6	3	2	5

b. Change to:

Prefix		Course #		Title (excluding punctuation)																					
Lect.	Lab	SCH	CIP and Fund Code										Admin. Unit			Acad. Year			FICE Code			Level			

Approval recommended by: Leland S. Pierson *[Signature]* 4/2/11
 Department Head or Program Chair (Type Name & Sign) Date

Department Head or Program Chair (Type Name & Sign) Date
 (if cross-listed course)

Submitted to Coordinating Board by: _____

Dr. David Reed *[Signature]* 11/7/11
 Chair, College Review Committee Date

Dr. David Reed *[Signature]* 11/7/11
 Dean of College Date

Mark Zoran *[Signature]* DEC 1 2011
 Chair, GC or UCC Date

Associate Director, Curricular Services _____ Date _____ Effective Date _____