

**Common Course Numbering - Course Addition, Change, & Deletion Form**  
 University and Community College System of Nevada

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**INSTRUCTIONS:**

1. All additions, changes, and deletions of undergraduate courses must be submitted to UCCSN System Administration using this form starting August 15, 2004.
2. Submit this form following approval by your institution's curriculum committee.
3. If a course is new to the UCCSN, department chairs in the applicable discipline at each institution must verify the course number (note the second page of this form).

**NOTICE:** New courses that are not currently offered at any UCCSN institution cannot be included in class schedules or catalogs until this form has been completed, submitted to System Administration, and notification has been sent that all criteria have been met.

<b>CONTACT INFORMATION</b> (for institution requesting course approval)	
<b>Institution:</b> _____	<b>Date:</b> _____
<b>Contact Person:</b> _____ <small>(name of individual submitting this form)</small>	<b>Phone #:</b> _____
_____ Signature	

1) **In the boxes below, enter new course information for additions and changes, as well as deletions:**

Prefix	Course #	Course Title	Credits

2) **Is this an addition of a new course?** (this includes changes to existing course # and/or title)  
 Yes  No

If Yes, check the appropriate box below. If No, skip to question #3.

- discipline or prefix is found in the CCN master file, however **both** course # and title are not (if you check this box you must complete questions #4 through #6)
- discipline or prefix is found in the CCN master; either course # or course title is also found in the CCN master file (another institution already offers this course; course # and title must be identical with existing course)  
**(STOP: If you checked the above box, this form is complete and ready to submit. A course description must also be submitted to system administration along with this form.)**
- discipline or prefix is NOT found in the CCN master file (either this discipline is unique to your institution or it has not been common course numbered)  
**STOP: If you checked the above box, this form is complete and ready to submit. A course description must also be submitted to system administration along with this form.)**

3) **Is this a deletion of an existing course?** Yes  No

If Yes, **STOP** this form is complete and ready to submit.

4) **Is this a change to an existing course?** Yes  No

(regardless of the answer to this question you must complete questions #5 and #6)

If Yes, fill in the boxes below. Enter the information for the old course that is being changed:

Prefix	Course #	Course Title	Credits

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- 5) Please attach a course description of the new or changed course to this form.
- 6) In order for a course to be assigned a unique course number, all institutions that offer the discipline in which the proposed course resides must agree that at least 20% of the content of the proposed course is unique and cannot be found in a current or pending course within the UCCSN. ***Every institution that offers the discipline must be contacted.***

In the space provide below, record the contact name at each institution, date of contact, and approval status in the space provided. ***Contact must be made with the applicable department chair at each institution that offers the discipline in which the proposed course resides.*** Note: institutions developing upper level courses must still contact the community colleges; furthermore, institutions developing non-transferable, lower division courses must contact the state college and universities.

**Institutional Contact List**

(tracking responses via e-mail is recommended)

<u>Institution</u>	<u>Campus Contact Name &amp; Phone Number</u>	<u>Date</u>	<u>Approval</u>	
CCSN	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GBC	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NSC	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TMCC	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UNLV	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UNR	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WNCC	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** If a response is not received from an institutional contact within 10 business days of submitting a request, approval is automatically granted. [not applicable May 15 – Aug. 15, Dec. 15 – Jan. 20]

<b>Curriculum Committee Chair</b> approval is required from the institution making the request:	
Signature: _____	Date: _____

If you have any questions regarding common course numbering procedures or the completion of this form, contact Sally Jackson ([sallyj@nevada.edu](mailto:sallyj@nevada.edu)) at System Administration (775-784-4901 ext. 238).

Send completed forms to:  
 Academic and Student Affairs  
 2601 Enterprise Road  
 Reno, Nevada 89512

<b>System Use Only</b>
Date Received: _____
Date Completed: _____