OFFICE OF THE REGISTRAR
University of Detroit Mercy

New/Revision Course Request Form

PROGRAM CHAIRS/DIRECTORS: EMAIL THIS FORM TO YOUR DEAN'S OFFICE
DEAN'S OFFICE: EMAIL THIS FORM TO THE REGISTRAR'S OFFICE

FIELDS OUTLINED IN RED ARE REQUIRED

COURSE INFORMATION

Subject/ }µŒ• Eµu ŒW) }µŒ• d(Ç‰ W)Z + ŸÀ š o}P z 2025 ŒW & oo)
>}vP }µŒ• d]šo ~íìì Z Œ š Œ u Æ]uµuU]v oµ]vP •‰ ••W

^Z}Œš }µŒ• d]šo ~ïì Z Œ š Œ u Æ]uµuU]v oµ]vP •‰ ••W

CREDIT HOURS (SELECT ONE)

d}š o vµu Œ }(Œ]š Z}µŒ•W)
Z vP W) TO Œ]š• KZ Œ]š•
vš Œ vµu Œ }(Œ]š• (}Œ š o •>š }W)W > Kš µŒ W))
vš Œ Z ‹µ]Œ }vš š ,}µŒ• ‰ Œ ^ u •š ŒW)
v šZ]• }µŒ• š l v uµoŸ‰o Ÿu ⊙ (E)Œ ○]Ÿz}v o/(Œ Ç •U M Z)Á u vÇ Ÿu •M)

GRADE MODES (CHECK ALL THAT APPLY)

☐)^š v Œ > ☐)CWŒ••)l &]o

SCHEDULE TYPE (CHECK ALL THAT APPLY)

☐) }ŒŒ •‰}v v }µŒ• ☐) Æ u ☐) }oo}‹µ]µu ☐) }}‰ Œ ŸÀ µ Ÿ}v
☐)/vš Œv•Z]‰ ☐> ☐)&] o Wo u vš• l> šµŒ
☐)^šµ]} ☐)Z • Œ Z ☐)> šµŒ ☐)^]uµo Ÿ}v
☐) o]v] o)t}Œl•Z}‰)^ u]v Œ

PRE AND CO REQUISITES

C}rŒ ‹µ]•]š }µŒ• ~••W)
WŒ Œ ‹µ]•]š }µŒ• ~••
SPECIFY MINIMUM PASSING GRADE:
Cours & •W)¨ &o š & W)¨)}Œ ‰ Œ Œ]š ,}µŒW)¨

RESTRICTIONS MUST SELECT AT LEAST "LEVEL" (CHECK ALL THAT APPLY)

LeÀ o Wh)' 'Z
&] o }(^šµ Ç}Œ W D]v}Œ W
}oo P W) Z)) ^ ,W > Eh
‰ Œšu všW)
o ••W)& Œ •Zu v)^}‰Z}u}Œ:µv]}Œ^ v]}Œ

REPLACEMENT COURSE

t]oo šZ]• Œ ‰o ‰Œ}À]}µz•• }µŒ• M
/(Ç •U ÁZ š }µŒ• } •]š Œ ‰o ŒM šZ‹µ]W)o vš) D}µŒšµ ooÇ Æ oµ•]À
/• šZ]• }µŒ• Œ ‹µ]Œ u vš }Œ v Á }‰Ÿ}v Á]šZ]v)z•‰]. PŒ l‰Œ}P
ŽŽ/(Ç •U ‰o • }vš š šZ dŒ v•(Œ d u š} µ‰ š PŒ À oµ Ÿ}v ïíïrô

PROGRAM CHAIR/DIRECTOR SIGNATURE: DEAN'S OFFICE SIGNATURE:

ATTACH COURSE DESCRIPTION AS A WORD DOC AND EMAIL WITH THIS FORM