## UNIVERSITY OF HAWAI'I AT MĀNOA UHM-2 FORM (MODIFY/DELETE A COURSE)

See *Guidelines* for instructions and deadlines. List one course per form. Attach additional sheets as needed.

1. Transaction Type  Modify	2. Course Subject and Number	3. Existing Full Course Title		4. Effective Term of Change
☐ Delete				
5. Honors Counterpart Exis	ts?	iterpart course also check Box 8n)		7. Existing GEC Use:
Yes – Honors Program must sign box 11. Specify course:				Foundations, Hawaiian/ Second Language  Remove
6. Existing Cross-Listed Course(s) Signature of cross-listed department(s) required in Box 11 and Dean(s) in "Approved By" section.  Designation if requesting change to designation also				
To remove cross-listed status	also check Box 8n.		,	fill out Box 8f  GEC Initials
8. Type of Change Check all that apply. For each change, fill in CHANGE DETAILS below. Read instructions carefully before completing this section. Use additional sheets if needed.				
□ a. Course Subject &/or Number □ e. Grade Option □ g. Contact Hours/Number □ k. Class Standing Restrictions □ m. Catalog Description				
☐ b. Frequency	$\Box$ f. Diversification,	of Credits/Repeat	1. (i) Prerequisite Course(	s) n. Cross-listed/Honors
c. Offering Status d. Full Course Title/Banı	Foundations, Hawaiian/Second	Limit/Credit Limit ☐ h. Schedule Type	(ii) Prerequisite Grade Requirement	Course(s) – Signatures required in Box 11 (&
Title (Banner title 30 cl	T	i. Co-requisite Course(s)	(iii) Blanket Requiremer	
max incl. spaces/puncti	uation) Designation	☐ j. Major Restrictions		cross-listings). Submit syllabus for honors courses.
CHANGE DETAILS				
Change Type (Specify letter noted above)	<b>Existing</b> (Check Banner	g Data		oposed Data FTER change. Use Box 9 to describe change.)
(Specify letter notes above)	(Cheek Buille)	to conjuni)	znier uniu us ii snouiu uppeur 11	I TER Change. Case Box 5 to describe change.)
9. Description of Change(s) & Justification Describe the change and why it is being requested, including its relationship to your overall curriculum. Attach additional sheets if needed.				
Attach a course syllabus for the modified course specifying student learning objectives for the course. Syllabi are not required for "~99" courses.				
10. Consultation: If other UHM departments and/or UH-system campuses will be affected, have they been consulted? (e.g., course is a prerequisite, required for another  Not applicable				
affected, have they been consulted? (e.g., course is a prerequisite, required for another    Mot applicable    major, offered at another UH campus, etc.)				
11. Cross-listed Department(s)/Honors Program				
Dept/Unit	Chair/Director	Sig	nature	Date
		· ·	,	
Dept/Unit	Chair/Director	Cia	mature	Date
12. Requested By	Chair/Director	Sig	nature	Date
I certify that the student learning objectives for this modified course are consistent with the learning objectives of each program under which the course is listed.				
Dept/Unit	Chair/Director	Sig	nature	Date
Approved By				
1st College/School	Dean	Sig	gnature	Date
2 <sup>nd</sup> College/School	Dean	Sig	gnature	Date
General Education (Undergraduate courses numbered 100-499)				
D				D. 6
Director  Graduate Division (600 level a	nd above)	Sig	gnature	Date
Dean		Sig	nature	Date
Mānoa Chancellor's Office				
Vice Chancellor for Academic Affairs		Sig	gnature	Date