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• K Z Œ]š•
vš Œ vµu Œ }(Œ]š• (}Œ š o •š]W)W > KšµZŒEW))
vš Œ Z ‹µ]Œ }vš š ,}µŒ• ‰ Œ ^ u •š ŒW)
v šZ]• }µŒ• š l v uµoŸ‰o Ÿu ⊙ (E}Œ ◯]Yz}v o/(ŒÇ]šMZ)Á u vÇ Ÿu •M)

GRADE MODES (CHECK ALL THAT APPLY)

☐)^š v Œ >☐)WŒ•)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☐ÿš• 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 oWh)' 'Z
&] o }(^šµD Ç}WŒ) W D]v}Œ W
}oo (CHECK ALL THAT APPLY) Z)) ^ ,W > Eh
‰ ŒšuvšW)
o ••W)&Œ •Zu v)^}‰Z}u}Œ:µv]}Œ^ v]}Œ

REPLACEMENT COURSE

t]oo šZ]• Œ ‰o ‰ŒE}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]šEZ]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 ïíïrĉ

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

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