

NORTH CAROLINA STATE UNIVERSITY
COURSE ACTION FORM

For instructions, please consult: http://www.ncsu.edu/provost/academic_programs/courses/attdoccrsinst.html

TYPE OF PROPOSAL:	
New Course	_____
Course to be dropped	_____
Course Review	_____
Course Revision*	_____
GER List Action	_____
Dual-level Course	_____
* REVISION IN:	
Prefix/Number	_____
Title/Abbreviated Title	_____
Scheduling	_____
Credit Hours/Contact Hours	_____
Grading Method	_____
Pre/Corequisite	_____
Restrictive Statement	_____
Catalog Description	_____
Content	_____
Student Learning Outcomes	_____

Proposed Effective Date: _____/_____/_____
Approved Effective Date: _____/_____/_____

DEPARTMENT/PROGRAM Mathematics

COURSE PREFIX MA NUMBER 105 and 107

PREVIOUS PREFIX/NUMBER _____

COURSE TITLE Mathematics of Finance / Precalculu

ABBREVIATED _____ (18 including spaces)

SCHEDULING: Fall x____, Spring x____, Summer x____, Every Year x____
Alt. Year Odd _____ Alt. Year Even _____ Other _____

CREDIT HOURS 3 OFFERED BY DISTANCE EDUCATION ONLY _____

CONTACT HOURS: Lecture/Recitation x____ Seminar____ Laboratory____ Problem____
Studio____ Independent Study/Research____ Internship/Practicum/Field Work____

GRADING: ABC____ or S/U____ DATE OF LAST ACTION: _____

PREREQUISITE(S) None

COREQUISITE(S) N/A

PRE/COREQUISITE for Following Course(s) NA

RESTRICTIVE STATEMENT(S) _____

CATALOG DESCRIPTION (Limit to 80 words):

CURRICULA/MINORS FOR WHICH COURSE IS DESIGNED:

Required: _____

Elective: _____

GER LIST(S): _____

INSTRUCTOR RESPONSIBLE FOR COURSE/RANK: Mrailyn S. McCollum

ANTICIPATED ENROLLMENT/SEMESTER: _____ Maximum No./Sect.: 100 Multiple Sections: Yes x No _____

DOCUMENTATION AS REQUIRED:	
<i>Please number all documentation pages attached to course action form.</i>	
Course Justification	__x__
Proposed Revision(s) with Reasons	__x__
Enrollment for last 5 years	__x__
Resources Statement	__x__
Consultation with other Departments	__x__
GER Course Documentation:	
GER category objectives	__x__
GER student learning outcomes	__x__
Means of assessing GER outcomes	__x__
Syllabus (Current and Proposed)	__x__

RECOMMENDED BY:

Head, Department/Program Date

ENDORSED BY:

Chair, College Courses & Curricula Committee Date

College Dean Date

Chair, University Courses & Curricula Committee Date

Chair, Council on Undergraduate Education Date

APPROVED:

Provost's Office Date