

## Notification Form for Changes to Approved gtPathways Courses

Each institution/system will notify the Department of Higher Education concerning changes to their gtPathways courses. The General Education Council representative from each institution/system is responsible for providing this information to the gtPathways Policy Officer at the Department of Higher Education.

**Institution:** \_\_\_\_\_

**Course as currently approved:** \_\_\_\_\_  
(Course prefix, number, title, credit hours; gtPathways Content/sub-category)

**Example:** *English 122: Elementary Composition, 3 credit hours; GT-CO1,*

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### CHANGES THAT PROBABLY DO NOT REQUIRE RESUBMISSION

Please indicate any changes in course identifier data, such as:

New course prefix: \_\_\_\_\_

New course number: \_\_\_\_\_

New course title: \_\_\_\_\_

Effective date (term & year) of institutional changes: \_\_\_\_\_

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### CHANGES THAT PROBABLY REQUIRE RESUBMISSION

Major changes in the course, such as (check all that apply):

\_\_\_ The course's credit hours have been changed.

\_\_\_ The ways in which the course meets the gtPathways content criteria have been revised.

\_\_\_ The ways in which the course meets the gtPathways competencies have been revised.

Effective date (term & year) of institutional changes: \_\_\_\_\_

Please explain changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REMOVAL OF COURSE FROM gtPathways

- \_\_\_ The course is no longer offered at our institution and should be dropped from the state list of guaranteed courses.
- \_\_\_ The course is no longer a part of our General Education Program.
- \_\_\_ Other reason for withdrawing the course from the gtPathways list.

Please explain:

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Effective date (term & year) for removal from gtPathways: \_\_\_\_\_

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### Institutional Certification of the Accuracy of These Statements

Name (Printed): \_\_\_\_\_ Institution: \_\_\_\_\_  
GE Council Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_