



## COURSE PROFILE FORM (REVISE DETAILS)

COLLEGE	
DEPARTMENT	

**Step 1: Accomplishment by Department (Please print or type all entries. )**

Reminder for **Service Learning Fee**: please attach a copy of the syllabi and Annex A SL Checklist downloadable through: <https://docs.google.com/document/d/1fq2N31YeL8tS1IoZgJodJ0OeBA1X6AmB>

COURSE CODE			Step 2A: Endorsement by Department Chair	Step 2B: Endorsement by COSCA (For Service-Learning Fee inclusion only)
<b>DETAILS TO BE REVISED</b>			SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
	From	To		
COURSE TYPE			Date	Date
Step 3: Approval by the Associate Dean				
	From	To	CHECKED BY (Academic Programming Officer)	ENDORSED BY (Associate Dean)
Faculty Units			SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
	From	To		
Permanent Pad			Date	Date
Step 4A: Approval Provost and Vice President for Academics				
(Effective Every T1 of the AY)	From	To	SIGNATURE OVER PRINTED NAME	
Assessment Code				
			Date	
Inclusion of Service-Learning Fee (Effective Every T1 of the AY)			Step 4B: Approval Vice President for Lasallian Mission (For Service-Learning Fee inclusion only)	
<input type="checkbox"/> YES <input type="checkbox"/> NO			SIGNATURE OVER PRINTED NAME	
EFFECTIVITY (AY / TERM)	Term _____	AY _____		
			Date	

### For Office of the University Registrar

NOTES		Step 6: Accomplishment by ITS
<b>EFFECTIVITY</b> Should not have a retroactive effect on existing curriculum and student accounts		SIGNATURE OVER PRINTED NAME
<b>Course Type</b> 1 – Basic 2 – Service 3 – Major 4 – Cognate / Elective 5 – Non-Academics 6 – Remedial 7 - Research	<b>PERMANENT PAD</b> A written justification must be attached for an increase in the number of permanent pads.	
<b>ASSESSMENT CODE</b> It may be revised only on Term 3 for effectivity in the following Academic Year		
		Date