COURSE MODIFICATION PROPOSAL

PROGRAM AREA

1. **Catalog Description of the Course.** *[Include the course prefix, number, full title, and units. Provide a course narrative including prerequisites and corequisites. If any of the following apply, include in the description: Repeatability (May be repeated to a maximum of ___ units); time distribution (Lecture ___ hours, laboratory ___ hours); non-traditional grading system (Graded CR/NC, ABC/NC). Follow accepted catalog format.]*

   OLD NUMBER

MATH 452. Complex Analysis (3)

NEW NUMBER

   MATH 451. Complex Analysis (3)

   Three hours of lecture per week.
   Prerequisite: MATH 250.
   Topics include: omplex variable, analytic functions, complex integration, power series and conformal mappings.

2. **Mode of Instruction.**

	Units	Hours per Unit	Benchmark Enrollment
Lecture	3	1	24
Seminar			
Laboratory			
Activity			

5. **Indicate Changes and Justification for Each.** *[Check all that apply and follow with justification. Be as brief as possible but, use as much space as necessary.]*
   _____Course title
   _____Prefix/suffix
   ____x _Course number   - old number conflicts with the cross listed COMP/MATH 452
   _____Units
   _____Staffing formula and enrollment limits
   _____Prerequisites/corequisites
   ____Catalog description
   ____Course content
   ____References
   _____ GE
   _____Other

6. **If this modification results in a GE-related change indicate GE category affected:**

A (English Language, Communication, Critical Thinking)	
B (Life Sciences)	
C (Fine Arts, Literature, Languages & Cultures)	
D (Social Perspectives)	
E (Human Psychological and Physiological Perspectives)	

7. **Consultation**
   Attach consultation sheets from all program areas, Library, and others (if necessary)

8. If this course modification will alter any degree, credential, certificate, or minor program in your program attach a program modification.

____Ivona Grzegorczyk_____2/24/04_____

Proposer of Course Modification   Date

Approvals

_____

Program Chair   Date

_____

Curriculum Committee Chair   Date

_____

Dean   Date

California State University Channel Islands
Course Modification Consultation Sheet

1. Course Title: _____

_____

2. Program Area: _____

Recommend Approval

Program Area/Unit	Program/Unit Chair	YES	NO (attach objections)	Date
Art				
Biology				
Business & Economics				
Education				
English				
History				
Liberal Studies				
Mathematics & CS				
Multiple Programs				
Psychology				
Library				
Information Technology				