



## College of Arts and Sciences: Request for a New Course

### SIGNATURES:

**IF DISAPPROVED OR APPROVED WITH RESERVATIONS, ATTACH RATIONALE FOR SUCH ACTION.**

DEPARTMENT CHAIR	DATE	APPROVE	DISAPPROVE
COLLEGE CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
COLLEGE DEAN(S)	DATE	APPROVE	DISAPPROVE
GRADUATE DEAN (GRADUATE COURSES ONLY)	DATE	APPROVE	DISAPPROVE
UNIVERSITY CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
UNIVERSITY SENATE	DATE	APPROVE	DISAPPROVE
VICE PRESIDENT FOR ACADEMIC AFFAIRS (IF NEEDED)	DATE	APPROVE	DISAPPROVE

PLEASE COMPLETE AS INDICATED

COURSE PREFIX, NUMBER* AND TITLE			
TERM AND YEAR OF IMPLEMENTATION			
COLLEGE:		DEPARTMENT:	
CONTACT PERSON:		PHONE:	
E-MAIL:			

\*CONTACT REGISTRAR'S OFFICE FOR THE NUMBER

## I. COURSE INFORMATION

PREFIX	NUMBER	TITLE	TRANSCRIPT TITLE (NEEDED IF CATALOG TITLE IS MORE THAN 30 CHARACTERS. LIMIT TO 30 CHARACTERS INCLUDING SPACES)

CREDITS	PREREQUISITES (IF APPLICABLE)	COREQUISITE (IF APPLICABLE)

COURSE DESCRIPTION

GRADING (REGULAR OR SU)	TERMS OFFERED (F,S,SS, ON DEMAND)

## II. PROVIDE A RATIONALE FOR THE NEW COURSE REQUEST:

III. ATTACH A SAMPLE SYLLABUS THAT MINIMALLY INCLUDES THE FOLLOWING:

- COURSE OBJECTIVES OR TOPICS LIST
- BASIS FOR EVALUATION AND FINAL GRADE DETERMINATION

IV. PROVIDE AN EXPLANATION OF HOW RESOURCES WILL BE ALLOCATED TO TEACH THIS COURSE.

V. WILL THIS COURSE BE USED TO FULFILL ANY REQUIREMENTS IN ANY PROPOSED OR EXISTING MAJOR, MINOR, CERTIFICATE OR OTHER PROGRAM?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

IF YES, PROVIDE:

(1) THE APPROPRIATE PROGRAM CHANGE OR NEW PROGRAM REQUESTS, AND

(2) LETTERS OF AGREEMENT FROM DEPARTMENT CHAIRS OR OTHER

ADMINISTRATORS RESPONSIBLE FOR THE PROGRAMS AFFECTED BY THIS REQUEST.

VI. DOES THIS COURSE DUPLICATE THE CONTENT OF ANY OTHER EXISTING COURSES IN THE UNIVERSITY CATALOG WITH RESPECT TO ITS TITLE, PURPOSE OR CONTENT OR APPEAR TO POSSIBLY FALL UNDER THE PURVIEW OF ANOTHER DEPARTMENT/SCHOOL?

YES \_\_\_\_\_                      NO \_\_\_\_\_

IF YES, LIST THE SPECIFIC  
COURSE(S)

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AND

PROVIDE: (1) A JUSTIFICATION FOR ANY APPARENT/PERCEIVED DUPLICATION WITH OTHER EXISTING COURSES IN THE UNIVERSITY OR OVERLAP WITH ANOTHER DEPARTMENT'S PURVIEW AND (2) A LETTER FROM THE CHAIR OR OTHER ADMINISTRATOR OF THE DEPARTMENT AFFECTED BY THE PERCEIVED DUPLICATION OR OVERLAP.