

NEW COURSE REQUEST*

Order of action: Submit to the Office of Academic Affairs for review. The requests will then be forwarded to the appropriate committee to begin the approval process. Please attach a completed signature page.

Field

4-5 **COURSE PREFIX & NUMBER:** _____

7 **CIP CODE:** _____

8 **COURSE TITLE:** _____

9 **MODE OF INSTRUCTION: (Check One)**

- | | |
|--|--|
| <input type="checkbox"/> Lecture with Lab00
<input type="checkbox"/> Lecture or lecture with formally scheduled discussion, activity, demonstration, clinic01
<input type="checkbox"/> Seminar02
<input type="checkbox"/> Laboratory03
<input type="checkbox"/> Internship, Field Experience, Clinical Practice04
<input type="checkbox"/> Physical Education/Recreation Activity05 | <input type="checkbox"/> Speech, Fine Arts, Journalism Activity06
<input type="checkbox"/> Independent Study/Dir. Readings07
<input type="checkbox"/> Research: Masters Thesis08
<input type="checkbox"/> Individual Instruction09
<input type="checkbox"/> Other (explain) 10 |
|--|--|

10 **# OF CONTACT HOURS** (fixed credit courses only): ____ (example: 32, 48, 96)

11 **GENERAL EDUCATION: (CHECK ONE)**

- | | |
|--|--|
| <input type="checkbox"/> General Education/Required Course 1*
<input type="checkbox"/> General Education/Guided Elective 2* | <input type="checkbox"/> General Education/General Elective3*
<input type="checkbox"/> Will not satisfy General Education 4 |
|--|--|

***When requesting general education approval (1, 2, or 3), attach a support memo addressed to the General Education Committee to this form. After action by the Curriculum Committee, the request will be forwarded to the General Education Council.**

If applicable, list three digit program code for the following fields:

12 **DEGREE PROGRAM REQUIRED:** _____

13 **DEGREE PROGRAM GUIDED ELECTIVE:** _____

14 **DEGREE PROGRAM GENERAL ELECTIVE:** _____

16 **CROSSLISTED** (synonymous) in inventory: (Check One) Yes No

If yes, list course prefix and number of crosslisted course(s): _____

18 **REQUESTING LIBERAL ARTS & SCIENCES:** (Check One) Yes No

19 **VARIABLE CONTENT/CREDIT:** (Check One) Yes No

(If yes, the course number should end in "0")

25 **REASON FOR VARIABLE CONTENT/CREDIT:** (Check One)

- | | |
|---|---|
| <input type="checkbox"/> New course experimentation 1
<input type="checkbox"/> Graduate research and specialized need 2
<input type="checkbox"/> Internship, Field Experience 3 | <input type="checkbox"/> Response to undergraduate specialized needs 4
<input type="checkbox"/> Other (explain)** 5
<input type="checkbox"/> Undergraduate research 6 |
|---|---|

** _____

IF VARIABLE CREDIT/CONTENT, INDICATE:

20-23 **Minimum & Maximum # of: CREDIT HOURS** ____ - ____ **CONTACT HOURS** ____ - ____

24 **NUMBER OF REPEATS:** _____

Catalog course **DESCRIPTION:** (Including any prerequisite/co-requisite)

NOTE: On separate sheet, list course objectives, possible texts, and rationale for request.

*** IF THIS COURSE WILL BE REQUIRED IN A PROGRAM, SUBMIT A PROGRAM REVISION AT THE SAME TIME.**