VPAA 01-12

**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)

Lecture with Lab 00 Speech, Fine Arts, Journalism

Lecture or lecture with formally scheduled Activity 06 discussion, activity, demonstration, clinic 01 Independent Study/Dir. Readings 07

Seminar 02 Research: Masters Thesis 08

Laboratory 03 Individual Instruction 09

Internship, Field Experience, Clinical Practice 04 Other (explain) 10

Physical Education/Recreation Activity 05

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

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

# General Education/Required Course 1\* General Education/General Elective 3\*

**General Education/Guided Elective 2\*** **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)

New course experimentation 1 Response to undergraduate specialized needs 4

Graduate research and specialized need 2 Other (explain)\*\* 5

Internship, Field Experience 3 Undergraduate research 6

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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)

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

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