NEW COURSE REQUEST

Submit the completed form to the Office of Academic Affairs for review. The request will then be forwarded to the appropriate committee to begin the approval process. Please attach a completed Signature Committee Action page. If this course will be required in a program, submit a program revision at the same time. All forms can be found at the following site: https://www.se.edu/academic-affairs/resources/

Field				
(1) COURSE PREFIX	(2) COURSE NUMBE	ER	(3) CIP	CODE
(4) NEW COURSE TITLE (5) INSTRUCTION MODE				
☐ DON – Face to Face ☐ SARR – Arranged				
□ DWEB – Online □ SINT - Internship				
☐ DSIDE- Synchronous Interactive Video ☐ SLABC — Lab for Credit				
(6) COURSE EQUIVALENCE YES NO (If YES, List Prefix and Number				
(7) NUMBER OF CREDIT HOURS (fixed credit course only) (8) VARIABLE CONTENT/CREDIT YES NO If YES, List MIN and MAX HOURS:				
(9) MINIMUN NUMBER OF CREDIT HOURS (10) MAXIMUM NUMBER OF CREDIT HOURS COURSE TYPES: (Mark all that apply)				
(11) ACTIVITY COURSE	☐ Click to add	(15) LIBERAL AR	TS	☐ Click to add
(12) GENERAL EDUCATION	☐ Click to add	(16) PRIVATE M		☐ Click to add
(13) HONORS	☐ Click to add	(17) PROFESSIONAL EDUC		
(14) INTERNSHIP	☐ Click to add	(18) REMEDIAL		☐ Click to add
19) GRADE SCHEME				
PREQUISITE/CO-REQUISITE:				
REQUISITE ENFORCEMENT: (CI ☐ Required Prerequisite/Co-F ☐ Recommended Perquisite/		he course vith the course	he take either way)	

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