

NEW COURSE PROPOSAL FORM

New Prefix & #⁵	Catalog Title for Course (limit 30 characters, including spaces)		
Date Submitted	Full semester or ½ semester	Credit (.25, .50, .75, 1.0)	Cross-listed Prefix & # (if applicable)

- Passed by Curriculum
Comm on _____
- Approved by faculty
on _____
(for Registrar's use)

⁵Consult the Registrar for appropriate course numbers.

Instructions: Please complete this form and submit one signed electronic copy and the course syllabus to the chair of the Curriculum Committee. This proposal will be reviewed by the Curriculum Committee within 1 week of submission; approved proposals will then be brought before the faculty (at a faculty meeting) for final approval. If you are submitting multiple related courses, please provide a cover page describing the overall justification. Please consult the chair of Curriculum Committee with any questions.

Name of submitter _____ from Department/Program _____

1) Mark an "X" in the requirements fulfilled by this proposed course; include any cross references.

This proposal is for	
Program major – required	
Program minor – required	
Program major – elective	
Program minor – elective	
Program – General Education	
Integrated Studies	
Interdisciplinary (INTR)	
QRP - Required for major	
QRP - Elective	

Please answer all questions...	
Is this a participation course? (See list in Catalog)	
Is the course repeatable for credit?	
If repeatable, how many times?	
Is the course graded or credit/no credit?	
Is the course a lecture course?	
Is the course a lecture & laboratory?	
Is the course a travel course?	
Is the course cross-listed?	

2) If the proposed course is appropriate for one of the area studies, an additional justification paragraph is needed in order for the course to be added to the course catalog under General Education.

3) Before the Curriculum Committee reviews any proposal, the submitter must discuss this proposal with either the department chair or the INTG area coordinator. In the case of the submitter being the department chair, the proposal must be shared with departmental members. Please confirm that you have done so by checking this box ____.

4) The course you are proposing will be taught starting in which semester? ____ Fall / ____ Spring of 20____.
(check one)

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5) Check the anticipated frequency for this course offering:

- Multiple sections each semester One section each year
 One section each semester One section alternate years
 Other pattern, please describe _____

6) What is the anticipated enrollment? _____

7) What course(s) will be affected by the addition of this course:

- The following course(s) will be removed from the course catalog: _____
- The following course(s) will be offered less frequently: _____
- Other? _____

8) How will the offering of this course be staffed?

- This course will be a substitute for an older course that will be removed from the catalog.
 This course will be taught by a faculty member who will not be teaching another course as frequently.
 This course will **NOT** add to the departmental teaching load.
 This course **WILL** add to the departmental teaching load.

Please explain:

9) Will there be content overlap with other departments or programs? Please explain any overlap and what conversations you have had with the relevant departments/faculty about it.

10) Please provide below a description of the course as it will appear in the course catalog, if approved. Please do not list specific faculty members names in this catalog description, nor any reference to how this course fulfills requirements in the curriculum. Please see current academic catalog for examples.

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11) Please provide a rationale for adding this course:

a) Curriculum alignment/alteration of program goals and objectives.

b) The specific need for the proposed course.

c) A plan for assessing specific outcomes related to some aspect of the curriculum.

12) For PILOT courses only, use the space below to explain why this course being submitted as a pilot as opposed to a permanent course with faculty vote.

13) For PILOT to Full course conversion, indicate the reasons for this course to now be considered as a permanent course with faculty vote.

14) Will this course require specialized resources that do not currently exist? Please explain.

15) Please provide any additional comments:

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(Email of completed form to the Curriculum Committee by the department chair constitutes the chair's signature)

Signature of submitter _____ Date _____

Signature of Department Chair _____ Date _____

Signature of Program
Coordinator (if applicable) _____ Date _____

Signature of INTG area
Coordinator (if applicable) _____ Date _____

Signature of Chair from cross-
listed Department (if applicable) _____ Date _____