

## NEW COURSE PROPOSAL FORM

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

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

<sup>5</sup>Consult 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.

<b>This proposal is for</b>	
Program major – required	
Program minor – required	
Program major – elective	
Program minor – elective	
Program – area study/Gen Ed*	
INTG	
Interdisciplinary (INTR)	
QRAC	

Is this a participation course?	
Is the course repeatable?	
If repeatable, how many times?	
Is the course graded or credit/no credit?	
Is the course a lecture course or lecture & laboratory course?	
Is the course cross-listed?	

\*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 the General Education: Area Studies. Please attach this justification to this form with the heading ***"Justification for Course Addition to General Education."***

2) 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 \_\_\_\_.

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

4) 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 _____	

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5) What is the anticipated enrollment? \_\_\_\_\_

6) 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? \_\_\_\_\_

\_\_\_\_\_

7) 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.

Other, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) What other department or programs may be affected by this proposal? Please explain.

9) 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.

10) Please provide a rationale for adding this course:

a) Curriculum alignment/alternation 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.

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11) For Pilot courses only; use the space below to explain why this course is being submitted as a pilot as opposed to a full course with faculty vote.

12) For Pilots to full course conversion; what are the reasons for this course to now be considered as a full course and for faculty vote?

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

14) Please provide any additional comments:

*(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 \_\_\_\_\_