

## NEW COURSE PROPOSAL FORM

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

<b>New Prefix &amp; #<sup>§</sup></b>	<b>Catalog Title for Course</b>		
<b>Title for Online Schedule (30 character limit, including spaces and punctuation)</b>			
<b>Full Semester</b>	<b>½ Semester</b>	<b>Short-Term</b>	<b>Hybrid</b>
<b>Date Submitted</b>	<b>Credit</b> (.125, .25, .50, .75, 1.0, or variable, e.g., .25-.5)	<b>Cross-listed Prefix &amp; #</b> (if applicable)	

<sup>§</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.

This proposal is for	Please answer all questions...	
Program major – required	Is this a participation course? (See list in Catalog)	
Program minor – required	Is the course repeatable for credit?	
Program major – elective	If so, how many times may it be taken for credit?	
Program minor – elective	Is the course graded or credit/no credit?	
Program – General Education	Is the course a lecture course?	
Integrated Studies	Is the course a lecture & laboratory?	
Interdisciplinary (INTR)	Is the course a travel course?	
QRP - Required for major	Is the course cross-listed?	
QRP - Elective	Are there pre/co-requisites for this course?	
Other (explain below)		

- 2) If the proposed course is appropriate for one of the area studies (Beauty & Meaning, Language, QRP, or Science), an additional justification paragraph is needed in order for the course to be added to the course catalog under General Education.

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- 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      Jan      May      of      \_\_\_\_\_
- 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.





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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 \_\_\_\_\_