

## NEW COURSE PROPOSAL FORM

_____ <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>	
<input type="checkbox"/> Full Semester <input type="checkbox"/> ½ Semester <input type="checkbox"/> Short-Term	
_____ <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)	

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

<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. If you want the course to have a CE, GL, IDE, or QRP designation, please fill out the separate application for the designations and consult with the appropriate coordinator. The approved proposals will be brought before the faculty (at a faculty meeting) for final approval. Please consult the chair of Curriculum Committee with any questions. Before the Curriculum Committee reviews any proposal, the submitter must discuss this proposal with the department chair. 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 .

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...	
A required course in a major	<input type="checkbox"/>	Is this a participation course? (See list in Catalog)	
A required course in a minor	<input type="checkbox"/>	Is the course repeatable for credit?	
An elective major in a major	<input type="checkbox"/>	If so, how many times may it be taken for credit?	
An elective minor in a minor	<input type="checkbox"/>	Is the course graded or credit/no credit?	
Interdisciplinary (INTR)	<input type="checkbox"/>	Is the course a lecture course?	
Core Curriculum: Inquiry Area <input type="checkbox"/> ART, <input type="checkbox"/> SCI, <input type="checkbox"/> SOC SCI, <input type="checkbox"/> HUM		Is the course a lecture & laboratory?	
Core Curriculum: Designation <input type="checkbox"/> GL, <input type="checkbox"/> IDE, <input type="checkbox"/> CE, <input type="checkbox"/> QRP		Is the course a travel course?	
Core Curriculum: Foundation	<input type="checkbox"/>		
Other (explain below)	<input type="checkbox"/>		

2) List the prerequisite for this course

3) 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. Be sure to include any co-/pre-requisite courses at the end of the description.

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4) If the proposed course is appropriate for one of the Inquiry Areas, explain how the course fulfills the Learning Goals of the Inquiry Area.

5) The course you are proposing will be taught starting in which semester?

Fall     Spring     Jan     May of \_\_\_\_\_

6) Check the anticipated frequency for this course offering:

Multiple sections Fall & Spring       One section each year  Fall  Spring  
 One section Fall & Spring       One section alternate years  Fall  Spring  
 Other pattern, please describe: \_\_\_\_\_

7) What is the cap on the course? \_\_\_\_\_

8) What course(s) will be affected by the addition of this course:  
- The following course(s) will be removed from the course catalog. Include the semester this course should be removed. \_\_\_\_\_  
- The following course(s) will be offered less frequently: \_\_\_\_\_  
- Other? \_\_\_\_\_

9) 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:

10) 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.

11) Please provide a brief rationale for adding this course:

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

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

Signature of submitter \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Department Chair \_\_\_\_\_

Date \_\_\_\_\_

Signature of Program  
Coordinator (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Chair from cross-  
listed Department (if applicable) \_\_\_\_\_

Date \_\_\_\_\_