

(Please return to the Registrar's office)

NEW COURSE AND GENERAL EDUCATION PROPOSAL FORM

New course ___ New course plus GE ___ Add/Change GE attribute to existing course [\[LINK\]](#)
Reinstate inactive course ___ Last Taught _____

Dept. No: _____ Dept. Name: _____ Course No: _____

Catalog Course Title: _____

Class/Lab Course Title: _____
(limit of 25 characters)

Draft catalog course description: (limit to 75 words):

Term type: Semester ___ Interim ___ Summer ___
(Interim and Summer school courses cannot be taught during a regular semester without approval as a semester course)

First time course will be offered : Sem I ___ Interim ___ Sem II ___ Summer ___ Academic Year _____
or for existing course, has been taught since: _____

Course Location: On Campus ___ Off-Campus - Domestic ___ Off-Campus – Int'l ___

Is this a topics or seminar course? Yes ___ No ___ If yes: Topics ___ Seminar ___
(The course number will remain the same each time it is taught, but the course title will include "Top:" or "Sem:" to allow for a change in title)

Does course require a discussion section as a separate registration? Yes ___ No ___

Is this a lab? Yes ___ No ___ or will this course have a separate lab? Yes ___ No ___

Will course be taught as a half semester course? Yes ___ No ___

Credit Value: .25 ___ .50 ___ .75 ___ 1.00 ___ other ___ Grading Option: Graded ___ or P/N ___

Estimate of number of hours of out-of-class student work required for the course per week: _____
(Minimum of 2-3 hours of out-of-class student work required per hour of in-class time for a 1.00 credit course)

Are there fees associated with this course? Yes ___ No ___

If yes, list amount and type \$ _____ Type _____

May a student repeat this course? Yes ___ No ___ If yes, how many times? _____

Prerequisite needed for this course? Yes ___ No ___

If yes, list course prerequisites as they should appear in the College catalog:

Counts toward Major: _____ Counts toward Concentration: _____

Approval for General Education Credit requested: Yes ___ No ___ for:

(If no, go to next section)

Foundation Studies: FOL ___ FYW ___ MAR ___ PHA ___

Core Studies: HWC ___ MCS-G ___ MCS-D ___ ALS-A ___ ALS-L ___ BTS-T ___ NST ___ NSL ___ HBS ___

Integrative Studies: EIN ___

Offering WRI? Yes ___ No ___ Offering ORC? Yes ___ No ___

Request REMOVAL of General Education credit for: _____
Indicate GE attribute(s)

Attachments must include:

1. A syllabus outlining
 - Course goals, topics, and schedule
 - Work required of students and methods of evaluating students' work
2. New Course Rationale [\[LINK\]](#)
3. General Education Rationale [\[LINK\]](#)
4. Off Campus proposals [attach a New Course Off-Campus Supplement)

Required Signatures:

Name of Proposer

Signature and Date

Name of Department Chair/Program Director

Signature and Date

Name of Associate Dean for Department/Program

Signature and Date

Name of Assoc. Dean responsible for GE if Requesting addition or removal:

Signature and Date

Fine Arts: ALS-A
Humanities: ALS-L, BTS, FOL, HWC
ID and General Studies: EIN, FYW, MCS, ORC
Natural Sciences and Mathematics: MAR, NST
Social Sciences: HBS, PHA

Name of Department Chair/Program Director if Requesting Major Credit

Signature and Date

Name of Program Director if requesting Concentration Credit

Signature and Date

Internal Use ONLY

Comments:

Registrar: _____

Unique ID No: _____

	Sent	Denied	Appr
CEPC			
GEC			
New Course Subcommittee			
Special Studies			
IDOCS			
Faculty			