



Course Proposal (new or changes) Action Sheet (Undergraduate and Graduate)

I. ACTION for Course Today's Date ___/___/___

- Drop Course (complete title, course number, and effective term only)
- New Course
- Revise Existing Course

Effective Term: FA ___ IN ___ SP ___ SU ___ 20 ____

II. Basic Information

Title of Course _____
(30 characters maximum; appears on transcripts & schedules)

Bulletin Title _____
(60 characters maximum; appears only in Bulletin)

Department Code _____ Course Number _____

Credit Hours _____ Lecture Contact Hours _____

Program Code _____ Lab Contact Hours _____

Degree Code _____ Other Contact Hours _____

Bulletin Course Description (if new or changed):

Grading Mode(s): (check all that apply) Standard ___ P/F ___ Audit ___

III. Course Format: method of delivery (check all that apply)

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Internship | <input type="checkbox"/> Community |
| <input type="checkbox"/> Lab | <input type="checkbox"/> Independent Study | <input type="checkbox"/> Honors |
| <input type="checkbox"/> Lecture/Lab | <input type="checkbox"/> Field Experience | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Practicum | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Recitation | <input type="checkbox"/> Research/Thesis/Dissertation | |

Curriculum Committee Use Only

Course Number Assigned: _____ Initials _____ Date ___/___/___

IV. Faculty Course Workload

- Same as course credit
- Same as weekly contact hours
- Percent of weekly contact hours (specify): _____
- Based on enrollment (specify): _____
- Team taught, full load
- No load
- Other: (specify): _____

Is this course cross-listed? Yes / No (If yes, with what course?)

Prerequisites? Yes / No (If yes, list prerequisite courses.)

Is this course linked with another course (e.g., lecture and lab)? Yes / No
(If yes, with what course?)

Must they be taken concurrently? Yes / No

Core Curriculum requirement met, if any: _____

Is this course a topics or repeatable course for credit? Yes / No

This course will count towards:

- Major: _____
- Minor: _____
- Elective: _____

Contact Person: _____ Email: _____

Campus Phone: _____

APPROVAL:

- Department: _____ Date: ___/___/___
- Curriculum committee: _____ Date: ___/___/___
- Dean of School/College: _____ Date: ___/___/___