# Course Proposal (new or changes) Action Sheet

## 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

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>____________________________________________________________________________________________ (30 characters maximum; appears on transcripts &amp; schedules)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulletin Title</td>
<td>____________________________________________________________________________________________ (60 characters maximum; appears only in Bulletin)</td>
</tr>
<tr>
<td>Department Code</td>
<td>________</td>
</tr>
<tr>
<td>Course Number</td>
<td>__________</td>
</tr>
<tr>
<td>Credit Hours</td>
<td>________</td>
</tr>
<tr>
<td>Lecture Contact Hours</td>
<td>_____</td>
</tr>
<tr>
<td>Lab Contact Hours</td>
<td>________</td>
</tr>
<tr>
<td>Other Contact Hours</td>
<td>________</td>
</tr>
</tbody>
</table>

- [ ] Check here if this course has variable instructional credit

**Level:**  _UG_  _GR_  _DR_  _Credential_

Bulletin Course Description (if new or changed):

________________________________________________________________________

________________________________________________________________________

Is this a new Course?  Yes / No

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

### III. Course Format: method of delivery (check only one)

- [ ] Lecture
- [ ] Lab
- [ ] Lecture/Lab
- [ ] Seminar
- [ ] Recitation
- [ ] Internship
- [ ] Independent Study
- [ ] Field Experience
- [ ] Practicum
- [ ] Research/Thesis/Dissertation

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**Curriculum Committee Use Only**

Course NumberAssigned: ____________________  Initials __________  Date __/__/___
IV. Course Workload (must be completed for Provost’s Office records)

___ Instructional Load (e.g., 3, 4.5)

V. Course Details

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 (D, W): ______________________________

Has this course been approved as a D or W course already? Yes / No

Is this course Study Abroad? Yes / No  (If Yes) Location Code __________

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

List two potential instructors of the course:

____________________________________________________________________

____________________________________________________________________

Contact Information:

Contact Person: ___________________________  Email: ___________________________

Campus Phone: ___________________________

APPROVAL: Please obtain all appropriate signatures.

☐ Department: ___________________________  Date: ___/___/___

☐ Curriculum committee: ___________________________  Date: ___/___/___

☐ Dean of School/College: ___________________________  Date: ___/___/___