PROPOSAL TO OFFER A NEW COURSE, CHANGE AN EXISTING COURSE; OR DELETE AN EXISTING COURSE
(Please attach a copy of course syllabus for Office of Academic Affairs)

Course No. __________________
Add _______ Change _______ Inactivate _______
Type of modification: 
Title __________________ Description __________________ Credit Hours _____

Type _______________ Grade _______________ 
Number _______ Old _______ New _______
Classification of Instructional Programs (CIP) # ________________________________
Title ________________________________
Short Title (30 characters or less) ________________________________

FILL IN ALL REMAINING PARTS FOR A NEW COURSE, BUT MARK ONLY THE APPLICABLE PORTIONS FOR CHANGES TO AN EXISTING COURSE.

DESCRIPTION:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1. Credit Hours __________________

2. Prerequisites __________________

3. Corequisites __________________

4. Cross Listed (Equivalent Courses) ____________________________
   Cross listed courses refer to the same course offered at the same level by different departments at the same time in the same room.

5. Slash Listed (Equivalent Courses) ____________________________
   Slash listed courses refer to the courses offered by the same department at different levels.

6. Mark one of the following course grading patterns:
   (a) Letter grade _______
   (b) Pass/fail _______

7. Indicate one of the following types of instruction:

   (a) Seminar _______
   (b) Independent Study _______
   (c) Thesis/Dissertation _______
   (d) Recitation/Discussion/Quiz. _______
   (e) Activity/Performance/Studio. _______
   (f) Research _______
   (g) Student Teaching _______
   (h) Lecture _______
   (i) Laboratory _______
   (j) Field Experience _______
   (k) Lecture/Laboratory _______
   (l) Clinic _______
   (m) Practicum _______
   (n) Internship. _______
   (o) Exam/Quiz _______
   (p) Co-op _______

8. Attributes
   (a) Service Learning _______
   (b) Honors _______

9. If this is a change for an existing course, indicate the nature of the change, and whether substantive changes have been made in either course content or requirements, and list programs that might be affected by the change.
   __________________________________________________
   __________________________________________________
   __________________________________________________

10. Maximum Repeat: ____________ (Total number of credit hours includes the initial hours for enrollment)

11. If the content of this course might overlap with other existing courses, describe your efforts to consult other departments about potential course duplication.
   __________________________________________________
   __________________________________________________

Department Head: __________________________ Signature __________________________ Date __________________________

*Please note policy regarding slash listing of courses for undergraduate and graduate credit on reverse side of this page. Attach separate forms for graduate and undergraduate slash-listed courses and ensure that the catalog descriptions and course requirements reflect the graduate/undergraduate differentiation.