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. Prerequisites with concurrency ____________________________

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