



# Course Approval Form

For approval of new courses and deletions or modifications to an existing course.

More information is located on page 2.

### Action Requested:

Create new course      Delete existing course  
 Modify existing course (check all that apply)  
 Title      Credits      Repeat Status      Grade Type  
 Prereq/coreq      Schedule Type      Restrictions

### Course Level:

Undergraduate  
 Graduate

**College/School:**      **Department:**   
**Submitted by:**      **Ext:**      **Email:**

**Subject Code:**      **Number:**      **Effective Term:**  Fall  
 Spring     **Year:**   
 Summer  
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

**Title:** Current   
 Banner (30 characters max including spaces)   
 New

**Credits:** (check one)  Fixed   Variable   
**Repeat Status:** (check one)  Not Repeatable (NR)  
 Repeatable within degree (RD)     Total repeatable credits allowed:   
 Repeatable within term (RT)

**Grade Mode:** (check one)  Regular (A, B, C, etc.)  
 Satisfactory/No Credit  
 Special (A, B C, etc. +IP)  
**Schedule Type Code(s):** (check all that apply)  
 Lecture (LEC)      Independent Study (IND)  
 Lab (LAB)      Seminar (SEM)  
 Recitation (RCT)      Studio (STU)  
 Internship (INT)

**Prerequisite(s):**      **Corequisite(s):**

**Special Instructions:** (restrictions for major, college, or degree; cross-listed courses; hard-coding; etc.)

### Catalog Copy for NEW Courses Only (Consult University Catalog for models)

Description (No more than 60 words, use verb phrases and present tense)	Notes (List additional information for the course)
<input type="text"/>	<input type="text"/>

Indicate number of contact hours:     Hours of Lecture or Seminar per week:      Hours of Lab or Studio:   
**When Offered:** (check all that apply)      Fall      Summer      Spring

## Approval Signatures

Department Approval \_\_\_\_\_ Date \_\_\_\_\_     College/School Approval \_\_\_\_\_ Date \_\_\_\_\_

If this course includes subject matter currently dealt with by any other units, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### For Graduate Courses Only

Graduate Council Member \_\_\_\_\_     Provost Office \_\_\_\_\_     Graduate Council Approval Date \_\_\_\_\_