**REQUEST FOR NEW COURSE**

***Order of Action: Submit to Academic Affairs Coordinator with Chair/Director and Dean/Supervisor signatures for review. Requests will then be forwarded to the appropriate committee to begin the approval process.***

 

Department or Division Name Submission Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair or Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Supervisor Signature Date



Preferred Effective Term (If Approved)

|  |  |  |
| --- | --- | --- |
| For Council/Committee/VPAA Use Only: | | |
| Teacher Education Council | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| General Education Committee | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Graduate Council | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Curriculum Committee | Approve  Disapprove  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Chair Signature Date |
| Vice President for Academic Affairs | Approve  Disapprove | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  VPAA Signature Date |

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| --- | --- | --- |
| For Office Use Only: | | |
| OU BOR: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Catalog: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Start Term: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Transparency: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| MCIF: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |

**REQUEST FOR NEW COURSE**

|  |  |  |
| --- | --- | --- |
| Department |  | Date: |
| Course Prefix & Number |  | |
| Course Title |  | |
| CIP Code | ([CIP Code Selector](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)) | |
| Mode of Instruction | (Select One)  If Other, Please Explain: | |
| Contact Hours |  | |
| Credit Hours |  | |
| Target Audience |  | |
| Prospective Students | Per Year: Per Semester: Per Section: | |
| General Education | (Select One) | |
| Degree Program (s) | Required for:  Guided Elective for:  General Elective for: | |
| Crosslisted Course(s) | (Select One)  If Yes, Prefix(es) & #(s): | |
| Liberal Arts and Sciences | (Select One) | |
| Variable Content | (Select One) If Yes, Reason: (Select One)  If Other, Please Explain: | |
| Variable Credit | (Select One) If Yes, Credit Hours: MIN  MAX  Contact Hours: MIN  MAX | |
| Number of Repeats |  | |
| Teacher Education | (Select One) | |
| Course Description (including prerequisites and/or corequisites): | | |
| Reasons for Request (Fill out Supplementary Information and Cost Estimate sections on next page). | | |

**REQUEST FOR NEW COURSE**

**SUPPLEMENTARY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix & Number |  | Title |  |
| 1. Effect of the recommended course on departmental objectives.   A. Course is essential as:  Requirement for all majors  Optional for majors  Service course for students in Program(S):  General studies option  Other, Please Explain:  b. Course is to be offered:  Semester(S):  ALL  Fall  Spring  Summer  Year(s):  Every  Alternating  Odd  Even  Other, Please Explain:  C. Course is to be graded:  A,B,C,D,F  S/U  P/NP  D. Number of courses offered in department at same level as proposed Course:  E. What current courses most nearly relate to this course and why are they insufficient?   1. Effect of recommended course on objectives of other departments or programs.   A. What other departments or programs will be affected by this course? Explain how.    b. in the affected departments, with whom have you discussed this course?     1. Effect of recommended course on the budget. explain how the addition of this course will affect departmental personnel and maintenance budget needs (include any special facility needs.)     **Attach syllabus for course (incl. objectives, outline, instruction methods, textbooks)**   1. Estimated Cost of Course:   Personnel (Salary and Benefits, Proportionate time assigned): $  Supplies: $  Equipment: $  Other Expenses: $  Specify:    Total Cost of Course: $    Cost Per Student Credit Hour: $ | | | |