

COURSE PROPOSAL

PROPOSED ACTION: _____ Effective _____ semester/term

ADD: Department _____ Dept. Abbreviation and Course Number _____
 Title: _____ Credit Hours _____
 Course Activity: (lecture, lab, practicum, etc.) _____

CHANGE: Current Dept. Abbreviation and Course Number _____
 FROM: _____ TO: _____
 Department: _____
 Number: _____
 Credit Hours _____
 Title (New): _____
 Description - include below _____
 Prerequisite(s)/Co-requisite(s) - include below _____

DELETE: Department _____ Dept. Abbreviation and Course Number _____

BULLETIN DESCRIPTION (succinct - limited to 50 words):

PREREQUISITE(S)/CO-REQUISITE(S): _____

Course prerequisite/co-requisite changes may be made at the department level after the department notifies in writing all chairs, directors, coordinators, deans of the proposed change and allows two weeks for response; if any department or school objects to the change, the department should then submit a Form A to propose the revision through official channels.

SIMILAR OR RELATED COURSES OFFERED BY OTHER DEPARTMENTS:
 NO ___; YES ___, Department _____ Dept. Abbreviation and Course Number _____
 Department _____ Dept. Abbreviation and Course Number _____

JUSTIFICATION (for proposed action and the qualified faculty for a new course):

LIBRARY RESOURCES: Are additional library resources needed to support the course? List any recommendations for needed library resources on additional sheets. Include: Books (give bibliographic citations, and prices)¹; Periodicals (give titles, years and vendors)¹; and, Computer-related databases/services (attach brochure, etc.)¹.

Total Estimated Cost: \$ _____

¹Complete bibliographic information and prices for all recommended materials may be obtained from the Library's Acquisitions/Periodicals Department, Ext. 7914.

REVIEW ACTION:

DEPARTMENT _____

Signature of Department Chair _____ Date _____

COLLEGE CURRICULUM COMMITTEE _____
OR DEAN OF THE COLLEGE: _____

Signature of Dean, Director, or
Committee Chair _____ Date _____

GRADUATE COUNCIL (if required): _____

Signature of Dean of Graduate Studies _____ Date _____

COUNCIL FOR TEACHER EDUCATION (if required): _____

Signature of Director of Teacher Education _____ Date _____

PROVOST and VICE PRESIDENT FOR ACADEMIC and STUDENT AFFAIRS

Signature of Provost /VPASA _____ Date _____

By its own action, Academic Council determined it would only consider changes in core, program of study, major, concentration, specialization, or minor. Other curricular changes may be made with the approval of the department chair and college dean, after consideration by curriculum committees/councils.

Approved copy to: _____ Department
_____ College
_____ Records and Registration [SIS _____ THEC _____]
_____ Veterans Affairs
_____ Library (if library resource needs are included)

Date