COURSE ACTION REQUEST

☐ **NEW**   ☐ **REVISED**   ☐ **DELETED**   **Dept/Div:**_____

CURRENT VERSION IN CATALOG:

PREFIX: _____ COURSE NUMBER: _____ HOURS CREDIT: _____

PREREQUISITES _____

COREQUISITES: _____

COURSE TITLE: _____
(maximum 30 spaces)
COURSE DESCRIPTION (exactly how it is currently entered in the *Bulletin*) attach additional pages as needed

PROPOSED VERSION FOR CATALOG:

PREFIX: _____ COURSE NUMBER: _____ HOURS CREDIT: _____

PREREQUISITES _____

COREQUISITES: _____

COURSE TITLE: _____
(maximum 30 spaces)
COURSE DESCRIPTION [1) state exactly how it is proposed to be entered in the *Bulletin*; 2) attach additional pages as needed; attach specific pages of the Bulletin where course should be listed.]

JUSTIFICATION OF NEED:
(1) What evaluation led to this request?

(2) Why is this new course or change needed?

(3) If a new course, how does this course relate to other courses in the curriculum or help support the mission and goals of the University or Department/Division?

CURRICULUM IMPACT:

1. Is this new course required for an existing major or minor or is it an elective? If required, which major(s)?

2. Is this course intended to replace a current course planned for deletion? If not, will this course add hours to the degree?

3. If the course has prerequisites, how does this impact the program's Four Year Plan and the student's progression toward graduation?

4. Will other departmental courses be offered less frequently or be impacted by reduced enrollment?

5. What is the anticipated enrollment for the new course?

NEW RESOURCES REQUIRED:
FACULTY

1. The addition of this course will require:

    ☐ additional adjunct or overload   ☐ new full-time faculty   ☐ no additional faculty

2. If no additional faculty are needed, are there credentialed/qualified faculty currently employed to teach this course? ☐ Yes   ☐ No

3. What is the impact on the teaching load and teaching schedule of faculty in the department?

OTHER RESOURCES

1. Are current equipment and supplies adequate to teach this course?   ☐ Yes   ☐ No
   If no, what is required and what is the cost?

2. Are current consumables, materials, software adequate to teach this course?   ☐ Yes   ☐ No
   If no, what is required and what is the cost?

3. Are current Library resources adequate to teach this course and meet accreditation requirements?
   If no, what is required and what is the cost?   ☒ Yes   ☐ No

4. Are current facilities adequate to teach this course?   ☒ Yes   ☒ No
   If no, what is required and what is the cost?

OTHER:

Semester course is to be effective:_____   Lab Fee: ☒ Yes   ☐ No
(see menu for submission schedule)   (if applicable- attach fee request)

GRADE MODE: **Choose an item.**   METHOD OF INSTRUCTION: **Choose an item.**

METHOD OF DELIVERY: **Choose an item.**

DEPARTMENTS AFFECTED BY PROPOSAL:
(Indicate which departments affected by this proposal you contacted and discussed this proposal.)

Chair   Department   Date of Discussion

_____   _____   _____

_____   _____   _____

APPROVAL SIGNATURES:

_____   _____
Curriculum Committee Chair   Date   Department/Division Chair   Date

_____   _____
Dean, College/School   Date   Teacher Education Council (if applicable)   Date

Academic Council Action Date: APPROVED: _____ DENIED: _____   TABLED_____

_____
Provost   Date