

COURSE ACTION REQUEST

NEW REVISED DELETED Dept/Div: _____

LIST NAME OF COURSE AND If REVISED, identify specific change(s): _____

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 N/A

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 N/A

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? There will be no impact on the teaching and teaching schedule of faculty in the department.

OTHER RESOURCES N/A

1. Are current equipment and supplies adequate to teach this course? Yes No N/A
If no, what is required and what is the cost?
2. Are current consumables, materials, software adequate to teach this course? Yes No N/A
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 N/A
4. Are current facilities adequate to teach this course? Yes No N/A
If no, what is required and what is the cost?

OTHER:

Semester course is to be effective: _____

Lab Fee: Yes No

GRADE MODE: **N - Normal Grading Mode** METHOD OF INSTRUCTION: **C - Lecture/Lab**

METHOD OF DELIVERY: **F - Face to Face**

If this is an online course, this form along with the syllabus must be sent to the **Distance Education Committee** for their review and approval. The DEC must recommend the course for approval based on their rubric developed under the Distance Education Policy.

DEPARTMENTS AFFECTED BY PROPOSAL:

(Indicate which departments affected by this proposal you contacted and discussed this proposal.)

<u>Chair</u>	<u>Department</u>	<u>Date of Discussion</u>
_____	_____	_____
_____	_____	_____

APPROVAL SIGNATURES:

_____ Curriculum Committee Chair	_____ Date	_____ Department/Division Chair	_____ Date
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_____ Dean, College/School	_____ Date	_____ Teacher Education Council (if applicable)	_____ Date
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Academic Council Action Date: APPROVED: _____ DENIED: _____ TABLED _____

_____ Provost	_____ Date
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