

Prefix & Number: _____ Initial Term: _____

Select One:

New _____ Delete _____ Course Modification _____

Title: _____

College/School: _____ Dept: _____

Abbreviated Title: _____ (32 spaces total)	
CREDIT OFFERED	CONTROLS
Levels: (select all that apply) <input type="checkbox"/> None (Blank) <input type="checkbox"/> Undergraduate (U) <input type="checkbox"/> Graduate (G) <input type="checkbox"/> Professional (P)	Grading Rule: (select one except for 6000-level course. If 6000-level, leave blank) <input type="checkbox"/> Undergraduate (U) <input type="checkbox"/> Graduate (G)
Maximum: _____ Minimum: _____	Grading Type: (select one) <input type="checkbox"/> Normal grading (Blank) <input type="checkbox"/> Pass/Fail only (SU) <input type="checkbox"/> Thesis/Dissertation (TD)
Connector: (select one) <input type="checkbox"/> Fixed (F) <input type="checkbox"/> Variable (V) <input type="checkbox"/> Alternate (A) <input type="checkbox"/> To be Arranged (T)	Term Offered: (select one) <input type="checkbox"/> Not Specified (Blank) <input type="checkbox"/> Fall Only (F) <input type="checkbox"/> Spring Only (S) <input type="checkbox"/> Summer Only (M) <input type="checkbox"/> Fall, Spring (FS) <input type="checkbox"/> Intersession (I)
Maximum Repeat: _____	
Session Duplicate: yes _____ no _____	
Prerequisites _____ _____ _____	
Corequisites _____ _____ _____	

Description _____ _____ _____ Credit will not be given for both _____ and _____				
Activities 1 st : _____ 2 nd : _____ 3 rd : _____	Contact Group _____ _____ _____	Hours Indiv _____ _____ _____	Credit _____ _____ _____	Max Enroll _____ _____ _____
Justification _____ _____ _____				
Additional resources or resource shifting required. If none, please explain. _____ _____ _____				

Attach a copy of new syllabus to add course.
 Attach a copy of current syllabus and new syllabus to change course.
 No attachment required to delete course.

Approvals

Undergraduate Requests

Department Head _____
Date

College/School Curriculum Committee Chair _____
Date

College or School Dean _____
Date

University Curriculum Committee Chair _____
Date

Graduate Requests

Department Head _____
Date

College/School Curriculum Committee Chair _____
Date

College or School Dean _____
Date

Graduate Council Chair _____
Date

University Curriculum Committee Chair _____
Date