

# CURRICULUM COURSE OFFERING PROPOSAL

Department \_\_\_\_\_ College \_\_\_\_\_ Date Initiated \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**The following curriculum proposal is submitted to the COLLEGE CURRICULUM COMMITTEE:**

(NOTE: Use a different form for each course. Do not include more than one action on each form.)

## PROPOSED NEW COURSE

- Effective** \_\_\_\_\_ 2. Course No. \_\_\_\_\_ 3. Credit Hours \_\_\_\_\_ (if ARR, give range: \_\_\_\_\_ to \_\_\_\_\_)  
Sem, Year
4. Short Course Title \_\_\_\_\_ 5. Full Course Title \_\_\_\_\_  
(As appears in Class Schedule -23 character limit) (As appears in General Catalog)
6. Total # of times can be taken for degree credit \_\_\_\_\_, or max # hours \_\_\_\_\_ 7. Allow multiple enroll in term? Yes \_\_\_ No \_\_\_
8. Cross listed or Meets With \_\_\_\_\_ 9. Component (choose one):  
(circle one, if any) (Curriculum proposal must be submitted for each cross-listed course)
10. Requisites? Yes \_\_\_ No \_\_\_ Requisite(s): \_\_\_\_\_
11. Course description.

## PROPOSED COURSE ADJUSTMENT

- Effective** \_\_\_\_\_ 2. Course No. from \_\_\_\_\_ to \_\_\_\_\_ 3. Credit Hours from \_\_\_\_\_ to \_\_\_\_\_ (if ARR, give range: \_\_\_\_\_ to \_\_\_\_\_)  
Sem, Year
4. New Short Course Title \_\_\_\_\_ 5. New Full Course Title \_\_\_\_\_  
(As appears in Class Schedule - 23 character limit) (As appears in General Catalog)
6. Currently cross listed or meets with \_\_\_\_\_ New cross listing or meets with \_\_\_\_\_  
(Curriculum proposal must be submitted for each cross-listed course)
7. New Requisite(s): \_\_\_\_\_
8. If changed, please include a brief course description.

## PROPOSED COURSE INACTIVATION

- Effective** \_\_\_\_\_ 2. Course No. \_\_\_\_\_ 3. Course Title \_\_\_\_\_  
Sem, Year
4. Reason for discontinuing course:

### STEP I. DEPARTMENTAL APPROVAL:

\_\_\_\_\_  
Please Print Name Signature, Department Chair Date

### STEP II. COLLEGE CURRICULUM COMMITTEE APPROVAL:

The Curriculum Committee has reviewed the proposal of the department and concurs with its recommendation.

\_\_\_\_\_  
Please Print Name Signature, Curriculum Committee Chair Date

### STEP III. COLLEGE DEAN APPROVAL:

I have reviewed the curriculum proposal and am satisfied that all requirements have been met.

\_\_\_\_\_  
Please Print Name Signature, College Dean Date

APPROVED \_\_\_\_\_