

OFFICE OF ACADEMIC AFFAIRS
COURSE APPROVAL FORM
NEW COURSE



College: _____ Prefix/Subject Code: _____ Course Number: _____

Banner Title: _____ Credit Hours: _____ First Offered: _____
(32 Characters)

Full Course Name: _____

Instructional Method: Online Hybrid Classroom

Cross-listed: _____

Cross-listed courses must provide both graduate and undergraduate syllabi.

Prerequisites: _____

Min. Grade: _____

Catalog Description: (300 Characters)

Co-requisites: _____

Prerequisites with Concurrency: _____

Restrictions: _____

Class, Level, Department, Program, College, etc.

Grading System: A-F S-U

Does this course involve multiple academic units in the originating college? Yes No
If so, the chair of each academic unit must sign this form.

Is this course to be added to Charger Foundations? Yes No
If so, the Charger Foundations committee must review this form.

Does this course involve academic units external to the originating college? Yes No
If so, deans of all colleges involved must sign this form.

Is this a Laboratory course (stand alone or combined)? Yes No
If yes, indicate the number of credit hours for the lab and the number of contact hours.

Lab Hours: _____ Contact Hours: _____ Total Credit Hours: _____

Indicate the type of course and hours.

- | | | | |
|---|---------------------------|----------------------|---------------------------|
| <input type="checkbox"/> Studio Course | Studio Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Clinical Course | Clinical Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Internship | Internship Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Study Abroad | Abroad Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Lecture | Lecture Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Research | Research Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Special Topics | Special Topics Hrs: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Dissertation | Dissertation Hrs: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Thesis | Thesis Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Co-Op | Co-Op Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Ensemble | Ensemble Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Validation | Validation Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |
| <input type="checkbox"/> Recitation | Recitation Hours: _____ | Contact Hours: _____ | Total Credit Hours: _____ |

Compare with existing catalog offerings, with justification if apparent overlap:

Discuss demonstrated value of course. Please justify why this new course is needed.

Will this course be required? Explain.

Is this course part of a program core? Explain.

Is this course part of a new major or minor? Explain.

Textbooks: _____

Intended Instructors: _____

Implications for faculty workload: _____

Implications for facilities: _____

A detailed syllabus must be attached giving an overview of topics covered, course goals and structure, grading system, and policies.

Department Chair: _____

Grad. Council: _____

College Dean: _____

Graduate Dean: _____

College Curriculum Committee: _____

Undergrad Curriculum Cmte: _____

Charger Foundations: _____

Provost: _____

Acknowledgements from other units:

Department Chair: _____

College Dean: _____