



### Graduate New Course Request Form

Use for courses "G" and 500-899.

Department Name: \_\_\_\_\_ Effective Term and Year: \_\_\_\_\_

Program Name: \_\_\_\_\_  Existing Program  New Program  Proposed Program not yet approved by the BoR

Justification:

If "G" course, explain extra requirements for graduate students:

Describe present and future availability of faculty, equipment, and other resources needed for this course:

Will this impact other Departments?  Yes  No If yes, which department? \_\_\_\_\_

Do any other departments currently offer courses which may overlap the new course?  Yes  No

If yes, does that department agree that there is no significant conflict or overlap in coverage?  Yes  No Department/Individual Consulted: \_\_\_\_\_

|   |  |
|---|--|
| <b>New Course Information: (Required)</b> | Prefix: _____ Number: _____ Credit: _____ Lab: _____ Lecture: _____ Schedule Type: _____ / _____ Grading Option: _____ |
|   | Course Title: _____<br>30 Character Max Abbreviation: _____  |

Description:

|                        |                        |                            |
|------------------------|------------------------|----------------------------|
| Prerequisite(s): _____ | Co-requisite(s): _____ | Pre/Co-requisite(s): _____ |
|------------------------|------------------------|----------------------------|

Restriction(s): \_\_\_\_\_

|  |  |  |   |
|--|--|--|---|
| <b>Repeatable Credit:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, number of times repeatable: _____<br><input type="checkbox"/> Unlimited | <b>Variable Credit:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, __ min and __ max credits | <b>Variable Topic:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Pre/Co-Requirement for other Course?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide courses: _____ |
|--|--|--|---|

| <b>ADMIN USE ONLY</b> |                           | Name | Phone Ext/Email | Signature | Date |
|-----------------------|---------------------------|------|-----------------|-----------|------|
| AA                    | Submitted By              |      |                 |           |      |
| REVIEWED _____        | Department Head           |      |                 |           |      |
| PROCESSED _____       | Academic Dean             |      |                 |           |      |
| REGO                  | Grad Curriculum Committee |      |                 |           |      |
| PROCESSED _____       | Graduate Dean             |      |                 |           |      |
|                       | AVP Academic Affairs      |      |                 |           |      |

Upon approval by the Academic Dean, send the original, signed form **directly** to Academic Affairs, Academic Programs (Martin Hall, room 223). Academic Affairs will record as received, review for compliance with the University style guide and completion of information, and route as required to other approval entities.