



Request for New Course

Date \_\_\_\_\_

School \_\_\_\_\_ Department \_\_\_\_\_

Course number \_\_\_\_\_ Title \_\_\_\_\_

Semesters offered  Fall  Spring  Summer

Semester credits \_\_\_\_\_ Hours per week ▶ Lecture \_\_\_\_\_ Lab \_\_\_\_\_

1. Description: Please give complete information, including title of course, Catalog/Bulletin statement, and outline of subject matter to be covered in the course.

(Use a separate sheet and append to this form.)

2. To what degree, if any, will the course duplicate other courses offered in your department and similar courses given in other departments or colleges?

3. For what curriculum or curricula is this course designed?

4. Will it be a required course? If so, for whom?

5. Estimated number of students expected per semester \_\_\_\_\_

6. Has the course been discussed and approved by the faculty of the department concerned?  Yes  No

7. If this course is approved, will additional staff be needed?  Yes\*  No

8. If this course is approved, will additional space be needed?  Yes\*  No

9. If this course is approved, will additional equipment be needed?  Yes\*  No

\* If the answer to 7, 8, or 9 is yes, please attach an explanation.

Effective Semester ▶  Fall  Spring  Summer Academic Year \_\_\_\_\_

APPROVALS

Department Head

Typed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Curriculum Committee Chair

Typed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

School Dean

Typed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor for Academic Affairs

Joseph M. Moerschbaecher, PhD
Typed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_