PROPOSAL FOR PERMANENT COURSE ADDITION TO CURRICULUM

This form is to be completed and submitted to the Office of Academic Affairs by the third week of the semester preceding that in which the course is to be taught. If a department is submitting more than two course proposals in one academic year, these changes will be regarded as a curriculum revision and the proposals must be submitted one year prior to the semester in which the courses will be taught.

Origination Department ________________________ Instructor ____________________________

Course Title ________________________________________________________________

Suggested Course No. _________________________________________________________

Preferred semester and year for initiating the course: ____________________________

Semester: [ ] Fall [ ] Spring [ ] Summer Year: __________

How often would it be offered? ____________________________

Credit assignment: ____________________________________________

Would this course be a
  Distribution course? _______ if so, which division? ____________________________
  Writing course? ________ (all students must write 15 pages and do multiple drafts)
  Writing option course? _______
  (Students opting for R must write 15 pages and do multiple drafts)
  Diversity course? __________
  Q Course? ________ (Supplemental Information Required - Request Q Designation Form)

NOTE: Distribution, Writing, Diversity and Q designations are listed in the catalog and apply every time the course is offered.

If you indicated that this course would meet any of the above requirements, please describe how/why the course will meet the requirements for categories you indicated.

Course description (as it should appear in the catalog – include prerequisites, if any):

Please append a preliminary course syllabus. Include course content, student learning objectives, readings, activities, evaluation procedures and weekly schedule of topics to be covered.

1. What will this course add to the university and department curriculum? Please comment on how the course will support the Aims of the university (see the Statement of Aims in the Catalog). Discuss how the course fits into the specific purposes and functions of your departmental course offerings.

2. Does this course represent additional faculty load?
   [ ] YES. If yes, what specific staff needs would there be?
   [ ] NO. If no, what course or section of a course will be dropped to accommodate it?
3. If this was taught previously as a temporary course, please answer the following:
   
   When was it taught? _______ What was the enrollment? _________
   
   What course(s) were dropped to allow this course to be offered?
   
   If no course was dropped, how was the addition accommodated?
   
   Will the changes that were made to allow this course to be taught continue if the course is made permanent?
   
   Should any courses currently in the catalog be removed if this course is added? If so, which one(s)?

4. Why are the suggested course number and credit assignment appropriate?
   (Courses numbered 250 or above are considered upper-level courses.)

5. Please indicate proposed meeting times for the course:
   
   MWF for 50 minutes   ____________
   TR for 2 hours        ____________
   TR for 1 hr 20 min   ____________
   Evening for 3 hr     ____________
   Other, please explain:

6. Estimate possible enrollment: first year _____ succeeding years _____

7. Estimate the cost of additional resources (physical facilities, teaching aids, library purchases, etc.) which the addition of this course will require.

8. Describe how possible overlap with courses in other departments has been explored.
   What other department(s) has been consulted? (Please obtain the signature of the chair of that department(s))
   
   This course proposal has been discussed with my department
   [ ] We find no overlap OR [ ] possible overlap (please explain).
   
   _______________________________ (Signature)

   This course proposal has been discussed with my department.
   [ ] We find no overlap OR [ ] possible overlap (please explain).
   
   _______________________________ (Signature)
INSTRUCTOR:

Please complete this three-year teaching schedule in order to show how this course will be accommodated.

Teaching Schedule for the **CURRENT** year:

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Teaching Schedule for **NEXT** year (______ - ______)  
*if course is approved / if course is **NOT** approved*

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Teaching Schedule the **FOLLOWING** year (______ - ______)  
*if course is approved / if course is **NOT** approved*

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SIGNATURES IN SUPPORT OF THIS COURSE ADDITION

NOTE: The originating department is responsible for obtaining the signature(s) in Item 8 and the * items below.

*Originating department __________________________ DATE ____________

Chair’s Signature

COMMENTS:

Academic Policy Committee:

Recommendation of APC Curriculum Subcommittee:

________________________________________ Date: _________________

Action of the Academic Policy Committee:

________________________________________ Date: _________________

Faculty action:

________________________________________ Date: _________________

Copies of this form are to be filed in the Office of Academic Affairs and the originating department.

March 2013