



Course Request Form

Date: _____ Department: _____

Name of faculty member making proposal: _____

<input type="checkbox"/> Undergraduate Course <input type="checkbox"/> GCP Course <input type="checkbox"/> Graduate Course Note: For a regular course proposal, include 2 copies of full proposal For a CCC course proposal, include 14 copies of full proposal

NATURE OF REQUEST:

<input type="checkbox"/> New Course <input type="checkbox"/> New Course number cleared with the registrar (complete parts II, III and IV below)
<input type="checkbox"/> Course deletion (complete parts I and III below)
<input type="checkbox"/> Course Change <input type="checkbox"/> Change Title <input type="checkbox"/> Change Course Number <input type="checkbox"/> Change Prerequisite(s) <input type="checkbox"/> Change Number of Credits <input type="checkbox"/> Change catalog description <input type="checkbox"/> Other <input type="checkbox"/> Change description of hours
<input type="checkbox"/> GCP Addition Part 1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D (<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c) (complete parts I, III, and IV) Part 2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Part 3 <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Catalog and related departments have been consulted to insure there is no course duplication (list depts.) _____ <input type="checkbox"/> Course is cross-listed with _____ (department) <input type="checkbox"/> If necessary, the Library has been consulted to insure adequate reference materials

Part I: COURSE IS BEING CHANGED FROM: (for existing courses as listed in the catalog)

Credits _____ Dept. _____ Course # _____ Course Title: _____

Current catalog description:

Current Prerequisites:

Part II: **COURSE IS BEING CHANGE TO:** (for a change of an existing course)
 Or

PROPOSED DESCRIPTION FOR A NEW COURSE

Credits _____ Dept. _____ Course # _____ Course Title _____
Proposed catalog description: _____ **Course Frequency Code** _____

Proposed Prerequisites:

Part III: **RATIONALE** (state why this request is being made)

Part IV: COURSE REQUIREMENTS

Attach a syllabus which include objectives, textbook(s), course requirements, methods of evaluation and any other pertinent information.

ACTION TAKEN (insert initials & date in appropriate column next to selected action)

	Department	Dean	A.A. Comm.	Prof. Ed. Council	Grad. Council	GCP
Approved						
Returned/Referred						
Denied						

**Reviews course when related to education

Received by VPAA		Forwarded to Registrar		Forwarded to Catalog	
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