

Graduate Course Action Request Form
[New Course Request OR Course Change Request]

New Course: Yes No

Change to Existing Course: Yes No

Replacing Existing Course: Yes No
If yes, list course being replaced: _____

When is the last time this course will be offered: _____

Course Program Prefix: _____

Suggested Course Number: _____

Term Effective: Fall Spring Summer

Fieldwork: Yes No
If yes, list # of hours: _____

Allow Audit: Yes No

Pass/No Pass (S/U): Yes No

Instructor Consent Required: Yes No

Suggested Capacity: _____

Course Type: _____

Student Credits () Teaching Credits ()

Instruction Method: Lecture
Seminar
Site-Based Methods
Technology-Based (EDTS)
Capstone
Clinic/Internship

Prerequisites: _____

Co-Requisite: _____



Short Title (24 characters): _____

Long Title: _____

Description: Please attach the course description to this form.

Syllabus: Please attach a draft of the proposed syllabus.

Rationale: _____

Department Chair Signature

Date

Dean

Date

Interim Assistant to the VP for Academic Affairs

Date

Graduate Office Use Only:

Date Received: _____

Date Processed: _____

Date DA Adjusted: _____

Sent for Catalog: _____