



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 _____

Associate Vice President for Graduate Studies _____

Date _____

Graduate Office Use Only:
Date Received: _____
Date Processed: _____
Date DA Adjusted: _____
Sent for Catalog: _____
(1/05)