

**NEW COURSE PROPOSAL FORM
GRADUATE STUDIES**

1. Full Title of Course _____
2. Short Title of Course (30 spaces allowed)

3. Department offering course: _____
4. Subject (prefix) _____
5. Number (must be approved by Registrar) _____
6. Number of credits (if variable, list the range, e.g. 1-3) _____
7. Variable Credit? Yes No
8. Number of time can repeat the course for credit? _____
9. Total credits that can be earned for this course? _____
10. Class Component (choose from studio, lecture, laboratory, discussion, field studies, independent study, practicum, seminar, thesis, research) _____
11. Type of course: face-to-face hybrid on-line off campus (list where) _____
12. Term this course is to begin: _____
13. Terms course typically offered (check one): Fall & Spring Fall every other year Spring every other year
 Summer Spring Fall Occasionally by demand
14. Course requires instructor consent? Yes No
15. Graded: Letter Graded (A-F) Pass/Fail (P/F)
16. Pre-requisites: Yes (if yes, list course subject & number or other) No _____
17. Library or other physical resources to support the course: _____
18. List any additional resources needed: _____
19. Catalog description

RATIONALE FOR PROPOSED NEW GRADUATE COURSE

20. Scholarly Inquiry (list what the student will be able to demonstrate upon completion of this course).
21. Application (list what student could contribute as a result of this course—teach a class, submit a scholarly journal article, pursue a professional exhibition of work).
22. Professional Development (a student could contribute by—professional conference, network with other professionals).

INFORMATION REQUIRED FOR NEW GRADUATE COURSE

23. Attach a syllabus that includes: Graduate faculty name, textbook requirements, course objectives, assignments/requirements, evaluation procedures, detailed course outline and course bibliography (with complete citations).
24. Impact Upon Graduate Studies: (existing grad programs, professional licensure, accreditation/program approval)
25. Additional Relevant Information or Rationale for Making Revision(s):

APPROVAL SEQUENCE OF PROPOSAL

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| 1. _____ | _____ | _____ |
| Graduate Faculty Member/Instructor Printed Name | Graduate Faculty Member/Instructor Signature | Date |
| 2. _____ | _____ | _____ |
| Department Chair or Program Director Printed Name | Department Chair or Program Director Signature | Date |
| 3. _____ | _____ | _____ |
| Graduate Council Secretary Printed Name | Graduate Council Secretary Signature | Date |