

New Course Proposal: Graduate Curriculum

Program: _____ **Department:** _____

1. Title of Course:

Proposed Course Number:

Prerequisite Courses:

Catalog Description (include credit hours, lecture hours, and lab hours triplet):

2. (a) To be offered for the first time:

(b) Thereafter:

3. (a) Who is the expected audience for this course?

(b) Is this course part of an existing or planned graduate program? If not, please explain.

(c) How often will this course be offered?

(d) What is the expected enrollment per offering for this course?

4. (a) Is this course appropriate as a graduate course only or as an undergraduate – graduate cross-listed course?

(b) Describe what differentiates this course from an undergraduate course.

- (c) If this course is to be listed as 400-500 cross-listed course, explain the difference between the requirements for the students on the two different levels.
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- 5. Does the course replace or supersede another existing course?
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- 6. (a) Who will teach the course the first time it is offered?

(b) Who else might teach it after the first year?
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- 7. Are the prospective instructors of the course members of the graduate faculty?
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- 8. Are there any special costs or equipment that will be associated with this course?
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- 10. Description of the Course: Include a syllabus with a list of course objectives/student outcomes, required papers, research papers, projects, and programs. Include prospective texts and grading procedures as well as the methods of testing and evaluation.

The following list contains the names of the graduate faculty in the department or program presenting the course for approval and indicates each individual's approval or disapproval of the course (add an additional page if necessary).

<i>Printed name</i>	<i>Signature</i>		<i>Concur</i>	<i>Do Not Concur**</i>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

This course was approved by:

			<i>Concur</i>	<i>Do Not Concur**</i>
Program Coordinator:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Department Chair:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Curriculum Committee:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Program Council:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Associate Provost for Research and Graduate Studies	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Provost	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

Distribution by Provost Office following approval:
Program Coordinator, Associate Provost, and Registrar

**** If "Do Not Concur" is checked, please attach a statement of explanation.**