Salisbury UNIVERSITY

GRADUATE COURSE CHANGE PROPOSAL*

(Please Print Course Change Proposals on Pink Paper)

Requesting Department:		
Course Prefix/Number:		
Course Title:		
Initiating Faculty:	**Phone:**	**Email:**
Program Director:	**Phone:**	**Email:**
Chair:	**Phone:**	**Email:**

EXISTING: Complete this column as needed for the existing course information.	PROPOSED: Complete this column as needed for proposed course changes.
Course Prefix & Number	Course Prefix & Number
Existing Title:	New Title:
Catalog Description:	Catalog Description:
Prerequisites:	Prerequisites:
Co-requisites:	Co-requisites:
Credits**: Hours Per Week: Swing Credit Equivalent UG Course Number	Credits**: Hours Per Week: Swing Credit Equivalent UG Course Number
Grading Regular S/U P/F IP/Graded	Grading Regular S/U P/F IP/Graded
Activity Code (See Appendix A)	Activity Code (See Appendix A)
Check any that apply: Cross-listed with: Online Course Study Abroad Course Drop Course	Check any that apply: Cross-listed with: Online Course Study Abroad Course Replaced with New Course?
Date to be first offered:	

Significant changes to an existing course should be considered as NEW COURSE. New courses approved by Graduate Council deadlines will become effective the following term (unless otherwise noted).

**If credit exceeds hours per week, the Course Credit Rational form must be included.*

Proposed Changes to:	Name	Page #
Program:		

INCLUDE APPROPRIATE ATTACHMENTS: (check only those included; not-checked = N/A)
Please do not submit double-sided copies.

1. Include a rationale for the changes to an existing course.
2. Analysis of: staffing implications; additional costs associated with the course.
3. A copy of this form was sent to the Library Liaison for a resource analysis.
4. Include a course syllabus (required for new courses).
5. Complete Course Credit Rationale.
6. Related course changes and new course proposals if applicable.
7. Course cycle – Note which semester(s) and how often course will be offered.
8. Existing checklists with revisions noted in blue ink.
9. Photocopy existing catalog pages affected by the proposal with all changes noted in blue ink.

REQUIRED SUPPORTING SIGNATURES

Initiating Faculty's Signature:		Date:
Recommendation of Graduate Program Director:	Approved	Not Approved
Graduate Program Director's Signature:		Date:
Recommendation of Chair:	Approved	Not Approved
Chair's Signature:		Date:
Recommendation of School Curriculum Committee Chair:	Approved	Not Approved
School Curriculum Committee Chair's Signature:		Date:
Recommendation of Academic Dean:	Approved	Not Approved
Academic Dean's Signature:		Date:
Recommendation of Teacher Education Council Chair:	Approved	Not Approved
Teacher Education Council Chair's Signature:		Date:
Recommendation of Graduate Council:	Approved	Not Approved
Graduate Council Chair's Signature:		Date:
Comments from Dean of Graduate Studies and Research:		
Dean of Graduate Studies and Research's Signature:		Date:
Comments from Provost:		
Provost's Signature:		Date: