



NEW GRADUATE COURSE PROPOSAL*
 (Please Print New Course Proposals on Blue Paper)

Requesting Department:				
Course Prefix/Number:				
Course Title:				
Initiating Faculty:		Phone:	Email:	
Program Director:		Phone:	Email:	
Chair:		Phone:	Email:	
Complete all boxes for new course proposals.				
Catalog Description:				
Prerequisites:				
Co-Requisites:				
Credits**:		Hours Per Week:	Swing Credit - Equivalent UG Course Number:	
Grading	Regular	S/U	P/F	IP/Graded
Activity Code (See Appendix A):				
Check any that apply:	Cross-listed with:		Online Course	Study Abroad Course
Date to be first offered:			Course Drop	
<i>*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).</i>				
<i>**If credit exceeds hours per week, the Course Credit Rational form must be included.</i>				
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 creation of a new 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:	Approved	Not Approved
Date:		
Recommendation of Graduate Program Director:		
Graduate Program Director's Signature:	Approved	Not Approved
Date:		
Recommendation of Chair:		
Chair's Signature:	Approved	Not Approved
Date:		
Recommendation of School Curriculum Committee Chair:		
School Curriculum Committee Chair's Signature:	Approved	Not Approved
Date:		
Recommendation of Academic Dean:		
Academic Dean's Signature:	Approved	Not Approved
Date:		
Recommendation of Teacher Education Council Chair:		
Teacher Education Council Chair's Signature:	Approved	Not Approved
Date:		
Recommendation of Graduate Council:		
Graduate Council Chair's Signature:	Approved	Not Approved
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: