

Request Date:

Department:

Effective Session Date:

Course Director:

Suggested Course Number & Title: *(Certificate courses - 5700/6700/7700)*

Course Level: (giving the options as a drop-down menu)

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| I. | General Catalog Title <i>(limited to 100 characters)</i> and Description: |
| | |
| II. | Describe if/which prerequisites are required |
| | |
| III. | Describe rationale for why this course is needed |
| | |
| IV. | List new course support resources <i>(Include room scheduling and new technology requirements)</i> |
| | |
| V. | Describe if course change conflicts with existing schedule |
| | |
| VI. | Describe how the course integrates in the curriculum |
| | |
| VII. | Other considerations |
| | |

Cc: Ms. Lori Kayser

Department DEO (Print)

Department DEO (Signature)

Date

Required Attachments:

- List of Course Topics and/or
- Course Learning Outcomes (what the students will be able to do at the end of the course)

Note: The course request is initiated by the department DEO, reviewed by the Curriculum Committee and finalized by the Associate Dean for Education.

For Office for Education Use Only:

Associate Dean for Education (Signature)

Date

For Registrar Use Only:

Transcript Title: *(40 characters max)*

Degree Audit Title: *(29 characters max)*

Semester Hours: Arranged Not Arranged
Explain:

Special Grading: Yes No
Explain:

Is this course repeatable: Yes No
Explain: