



Course Addition

Originator:

Department:

Replacement Course ID:

1. Course Title: _____ Prefix & Num. _____
2. Pre-requisite(s): _____ Co-requisite(s): _____ Instructor permission required: **No**
 Class Hours/Week: *LEC: **0.00** *LBC w/cr: **0.00** *LNC w/no cr: **0.00** Credits: **0.00**
 Clinical: **0.00** Practicum: **0.00** Independent Study: **0.00**
3. Semester to be Implemented: **Fall, 20XX** Day Extended Day Grade type **Regular**
4. Cost Code: _____ Lab Fee: **\$0.00** Additional Fees: **\$0.00** Potential WLF: **0.00**
 Explanation of Fees: _____
5. Is this course designed for a specific group? **No** Who? _____
6. Catalog Description: Now in Print, or Proposed Below:
7. Course justification (attach sheets if needed): _____
8. Are library resources adequate to support this change? **No** If not, how are those resources to be acquired? _____
9. Are technical and other resources available? **No** If not, how are those resources to be acquired? _____
10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No** If yes, which G.E. area? _____ If it does not fill a G.E. requirement, would the course offer elective credit? **Yes**
11. Transferability of the course: List comparable courses at other colleges and universities:

G.E.	Elective	Course Title	Credits	Prefix & Num.	Institution
<input type="checkbox"/>	<input type="checkbox"/>				DSC
<input type="checkbox"/>	<input type="checkbox"/>				DSC
<input type="checkbox"/>	<input type="checkbox"/>				DSC

Approval Signatures:

Approved by: _____ Dept. Chair Date: _____

Approved by: _____ Assoc Dean/Dean Date: _____

Approved by: _____ Curriculum Chair Date: _____

Approved by: _____ Academic Vice-Pres Date: _____