

## Request for Graduate Course Addition

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: \_\_\_\_\_ Dept/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_  Graded  CR/NC

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### NEW COURSE DATA:

New Course Title: \_\_\_\_\_

Alpha Designator/Number: \_\_\_\_\_

Title Abbreviation: \_\_\_\_\_

(Limit of 25 characters and spaces)

Course Catalog Description:  
(Limit of 30 words)

Co-requisite(s): \_\_\_\_\_ First Term to be Offered: \_\_\_\_\_

Prerequisite(s): \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course(s) being deleted in place of this addition (*must submit course deletion form*): \_\_\_\_\_

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____	Date _____
Registrar _____	Date _____
College Curriculum Chair _____	Date _____
Graduate Council Chair _____	Date _____

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College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_

Provide complete information regarding the new course addition for each topic listed below. Before routing this form, a complete syllabus also must be attached addressing the items listed on the first page of this form.

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1. FACULTY: Identify by name the faculty in your department/division who may teach this course.
  
2. DUPLICATION: If a question of possible duplication occurs, attach a copy of the correspondence sent to the appropriate department(s) describing the proposal. Enter "**Not Applicable**" if not applicable.
  
3. REQUIRED COURSE: If this course will be required by another department(s), identify it/them by name. Enter "**Not Applicable**" if not applicable.
  
4. AGREEMENTS: If there are any agreements required to provide clinical experiences, attach the details and the signed agreement. Enter "**Not Applicable**" if not applicable.
  
5. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials to teach this course, attach an estimate of the time and money required to secure these items. (Note: Approval of this form does not imply approval for additional resources.) Enter "**Not Applicable**" if not applicable.
  
6. COURSE OBJECTIVES: (May be submitted as a separate document)

7. COURSE OUTLINE (May be submitted as a separate document)

8. SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLICATION DATES (May be submitted as a separate document)

9. EXAMPLE OF INSTRUCTIONAL METHODS (Lecture, lab, internship)

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10. EXAMPLE EVALUATION METHODS (CHAPTER, MIDTERM, FINAL, PROJECTS, ETC.)

11. ADDITIONAL GRADUATE REQUIREMENTS IF LISTED AS AN UNDERGRADUATE/GRADUATE COURSE

12. PROVIDE COMPLETE BIBLIOGRAPHY (May be submitted as a separate document)

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Please insert in the text box below your course summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Catalog Description:

Prerequisites:

First Term Offered:

Credit Hours: