GC#6: Course Addition

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 spa	cos)	
	(Littlit of 25 characters and spa	ces)	
Course Catalog Description: (Limit of 30 words)			
Co-requisite(s):	First Term to be C	Offered:	
Prerequisite(s):	Credit Hours:		
Course(s) being deleted in pl	ace of this addition (must submit cou	rse deletion form):	
Signatures: if disapproved at	any level, do not sign. Return to prev	rious signer with recommendation	n attached.
Dept. Chair/Division Head			Date
Registrar			Date
College Curriculum Chair			Date
Graduate Council Chair			Date
I			T. Control of the con

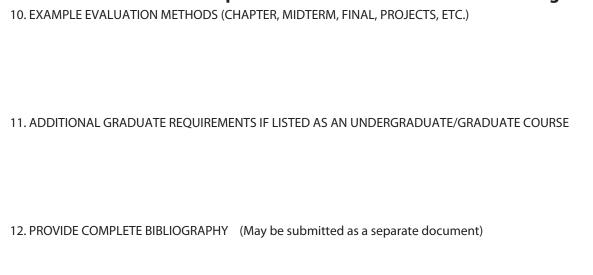
Form updated 09/2022 Page 1 of 5

College:	Department/Division:	Alpha Designator/Number:
	ding the new course addition for each topic listed below items listed on the first page of this form.	v. Before routing this form, a complete syllabus
1. FACULTY: Identify by name the fac	culty in your department/division who may teach this	course.
2. DUPLICATION: If a question of pos describing the proposal. Enter " No	ssible duplication occurs, attach a copy of the correspont <i>Applicable</i> " if not applicable.	ondence sent to the appropriate department(s
3. REQUIRED COURSE: If this course vapplicable.	will be required by another deparment(s), identify it/th	nem by name. Enter " Not Applicable " if not
4. AGREEMENTS: If there are any agre	eements required to provide clinical experiences, attac	ch the details and the signed agreement.
Enter " Not Applicable " if not appli	icable.	
this course, attach an estimate of the	MENTS: If your department requires additional faculty, e time and money required to secure these items. (Not inter " <i>Not Applicable</i> " if not applicable.	
6. COURSE OBJECTIVES: (May be su	bmitted as a separate document)	

Form updated 09/2022 Page 2 of 5



Form updated 09/2022 Page 3 of 5



Form updated 09/2022 Page 4 of 5

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:

Form updated 09/2022 Page 5 of 5