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|  | **Request for New Course** | **Date:** |
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| **Form Instructions:**  Complete and print on the front and back of **PINK** paper; the form fields will expand to meet your needs. Forward completed form to the appropriate persons for their Approval/Denial in the order indicated below. Once Approval is received from the Graduate Council, submit electronically to [curriculum@selu.edu](mailto:curriculum@selu.edu); original to Chair, University Curriculum Council. | | |

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| Submitted by College of: | | | | Department offering course: | | | | |
| Request Summary (used to create UCC agenda—one or two sentences only): | | | | | | | Course CIP code (nn.nnnn):  IR use only. | |
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| Course Prefix: | Course Number: | | Course Credit Hours: | | Faculty Contact Hours: | | Faculty Workload Hours: | |
| Complete course description as it will appear in the back of the catalog: | | | | | | | | |
| Course Component: | | Lab Fee required? Yes  No | | | Request submitted to lab fee committee? Yes  No | | | |
| Page numbers affected in the printed catalog (include year): | | | | | | | | |
| Will this course appear in the 4-year layout or a footnote for the 4-year layout for any undergraduate degree program? Yes  No  Will this course appear in the course requirements for any graduate degree program? Yes  No  If yes to either, please list the degree program(s) here: | | | | | | | | |
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| What program assessment results have prompted the need for this new course? Reference specific departmental goals, outcomes (by year) and action plans that address this need. | | | | | | | | |
| What other reason(s) has prompted the need for this new course? | | | | | | What enrollment may be reasonably anticipated?  Per with a minimum of per section | | |
| Council for Teacher Education approval needed? (Yes if any of the below are met):   * This change affects any education undergraduate degree, graduate degree or certification program and/or * This change affects components of electronic portfolios or any aspect of the assessment system and/or * This change affects competency-based clinical practice of any type reported by education majors | | | | | | | | Yes  No |
| Other departments/colleges that could be affected by proposed course: | | | | Have these departments/colleges been notified of the proposed course? Yes  No  Not Applicable | | | | |

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| **Course Time Investment**\*: |
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| **Course Outline**: |
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| **Course Objectives**: |
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| **Course Evaluation Method**: |
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| **Course Bibliography**: |

**\***Effort expended both in and out of class for a student to achieve learning outcomes for the course—see the Credit Hour Policy

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| **Approval/Denial of New Course** |

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| **1.** | Approved  Denied | Chair,  Dept/Program Curriculum Committee: | Date: |
| **2.** | Approved  Denied | Department Head: | Date: |
| **3.** | Approved  Denied | Chair,  General Education Assessment & Innovation Committee: | Date: |
| **4.** | Approved  Denied | Chair,  College Curriculum Committee: | Date: |
| **5.** | Approved  Denied | College/School Dean: | Date: |
| **6.** | Approved  Denied | *(if applicable)*  Chair, Teacher Education Council: | Date: |
| **7.** | Approved  Denied | *(if applicable)*  Dean of Education: | Date: |
| **8.** | Approved  Denied | *(if applicable)*  Chair, Graduate Council: | Date: |
| **9.** | Approved  Denied | Chair,  University Curriculum Council: | Date: |
| **10.** | Approved  Denied | Provost: | Date: |
| **11.** | Record Complete | AVP for Academic Programs: | Date: |

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| **Reason for Denial:** |
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