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**APPLICATION FOR APPROVAL**

**OF A NEW COURSE**

The Graduate School

Date:

Official Submitting Application:

Department:

1. **PROPOSED NEW COURSE:**

Course Number: Course Hours:

Course Title:

Title Abbreviation:

(Note: Titles longer than 25 characters must be abbreviated to no more than 25 characters, exclusive of cross listing notations, for computer printouts from LOCUS. Count spaces and punctuation marks into total. Please limit punctuation to colons, ampersands (&), and dashes, if possible.)

1. **CROSS-LISTINGS:**

(Note: All cross-listings must be approved by the chairperson(s) of the cross-listed department(s) and any cross-listing here should be seen as permanent.)

Course Number: Course Hours:

Course Title:

Title Abbreviation:

Signature(s) of Concurring Chairperson(s): Date:

1. **PLEASE ANSWER THE FOLLOWING REGARDING THIS PROPOSED NEW COURSE:**
	1. What are the prerequisites, if any, for this course?
	2. Will this course be a prerequisite for any other course? If so, which one(s)?
	3. What is the nature of the course in terms of the program, i.e. required for the degree or

elective, and how does this relate to the proposed schedule of offerings?

* 1. What is the relationship of the new course to existing courses in the program. Does this

replace an existing course? Are plans underway to drop such a course? What is the

timetable for doing this?

* 1. What is the date or term this new course becomes effective?
	2. Which full-time faculty members will be prepared to teach or supervise this course?
	3. Are available material resources (e.g., library, laboratory, etc.) adequate for the course?
	4. Are adequate resources available in the library? (Yes or No)
	5. If no, approximate cost of obtaining sufficient resources by contacting the bibliographer in

your field:

Signature of Bibliographer: Date:

* 1. Has this course been offered as a special topics course?
	2. If yes, how many times? When? What was the enrollment?
1. **INSTRUCTION MODE:INSTRUCTION MODE:**

   

1. **SUGGESTIONS FOR OUTSIDE REVIEWERS:**

Include full name, department, and email address:

1. **CATALOG DESCRIPTION FOR NEW COURSE:**
2. **ATTACH A SYLLABUS**.
3. **SIGNATURE:**

Chairperson: Date:

Return to **The Graduate School Dean, Granada Center, Room 400**