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|  | **Request for New Course** | Click or tap to enter a 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; original to Chair, University Curriculum Council. |

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| Submitted by College of:Choose an item. | Department offering course:Choose an item. |
| 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: Choose an item. | 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:  |
|  |
| 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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