

# COURSE PROPOSAL FORM

Be sure to Save work  
before using this button

## SELECT ONE PROPOSAL ACTION *(Select One)*

**EFFECTIVE CATALOG YEAR: FALL**

**NEW**
                 
  **REVISION\***  
\*Complete the Program/School box, Rationale, the Course Info, and then the boxes where the change(s) are requested.
                 
  **CANCELLED\*\***  
(no longer offered)
                 
  **MORATORIUM\*\***  
(not schedulable)

\*\*For Cancelled and Moratorium: Complete the Program/School box, Rationale stating when you want the course to change states, and Course Info.

## PROGRAM OR SCHOOL & DEPARTMENT *(Select School, complete Department and Proposed By)*

**School:**

ALL UNIV   
  A&H   
  BPA   
  NSME   
  SSE   
  EUD

**Department:**

**Proposed by:**

## RATIONALE FOR COURSE CHANGE *(e.g. title change, unit change, date no longer offered etc.) (NOT Required for NEW):*

List Rationale for Course Change:

## COURSE INFORMATION *(All areas are required)*

**Previous Course Title (Only required for Revision:**

**Course Title (Catalog Long Title):**

**Schedule Title (30-character space limit)**  
*(This title will appear on a student's transcript):*

**Subject Code (e.g HIST, SOCL):**

**Course Number:**

**Is the Course Number Being Reused?:**     YES     NO

**If YES – indicate the last term course was offered:**

**Total Unit Value\* – Fixed Units**                      OR    **Variable Units**

\*Split units are specified in Course Type & Delivery Section

**Course Description:** (Attach a clean version. **40-word limit.** If attaching a sample syllabus or outline, descriptions should match.)

**Prerequisites/Co-requisites:**

(Minimum grade requirement must be explicitly stated, if applicable. Include applicable equivalent course/test score prerequisites/co-requisites.)

**NOTE: Prerequisites may be enforced at the Schedule Level. Department consent may be enforced at the Schedule Level.**

**PREVIOUS COURSE OFFERINGS (Complete this section if course was previously offered)**

If this is a new course proposal, has this course been offered previously with a different subject/course number?

YES  NO

If YES, indicate the Last Term Offered:      Year:      and Course ID:

**COURSE EQUIVALENCY (Choose one and provide details, if necessary)**

Is this course equivalent to other course(s):  YES  NO

If YES, list all of the course(s):

**COURSE REPETITION (must include repeat and maximum unit limit details in course description):**

Repeatable for Credit?  YES  NO

Allow multiple enrollments in the same term?  YES  NO

Repeatable under different topics?  YES  NO

Maximum repeatable units allowed?

Maximum repeatable amount of times?

**COURSE TYPE & DELIVERY MODE (Complete option 1 OR 2)**

Option 1: Choose one Course type (for non-split courses), provide the CS#

ACTIVITY    CLINICAL    DISCUSSION    INDEPENDENT STUDY    LECTURE    LAB    SEMINAR  
 SUPERVISION    TUTORIAL

CS#

Units:

Grade Basis:

Option 2: Use this option when the unit load is split for a course. Choose 2 Course Types, provide the CS# and units for each.

**Course Type # 1**

**CS#**

**Units:**

**Grade Basis:**

**Course Type # 2**

**CS#**

**Units:**

**Grade Basis:**

---

Be sure to review this page for minutes of instruction and associated faculty workload

### CROSS-LISTING *(Complete only if applicable)*

Is this course cross-listed with another subject/course?:  YES  NO

If YES – indicate the cross-listed course(s):

### TYPICALLY OFFERED *(Please indicate when the course is typically offered. This will display to students in the Degree Audit)*

This Course is Typically Offered which Terms:

### ADDITIONAL QUESTIONS *(Required)*

Is This Course a Zero Cost Course Material Course (ZCCM)?  YES  NO

Does this change impact the Road Map?  YES  NO

If Yes, please indicate what changes are needed:

Will this change impact your current AD-T or 2+2 agreement(s)?  YES  NO

### SPECIAL INSTRUCTIONS *(Not required)*

Please include information on course attributes, SERVICE LEARNING AND COMMUNITY ENGAGED LEARNING ATTRIBUTES & VALUES, or other special instructions

### NEXT STEPS:

- Attach syllabus and catalog copy w/ revisions *(for Revisions only)* to this proposal
- Attach current/degree proposal form to this proposal (if applicable)
- Submit to department/program curriculum committee for review & approval
- Department submits to school curriculum committee for review & approval
- If no additional approvals required are required, school/program curriculum committee submits to Academic Operations after all final approvals have been recorded. [See Annual Catalog & Curriculum Deadlines Dates](#)
- If this course is up for GE consideration, [Submit GE Course Form to GECCO for Review and Approval](#)

**SCHOOL/PROGRAM COMMITTEE & OTHER APPROVALS:**

<b>Department Chair/Program Director:</b>	<b>Date:</b>
<b>School/Program Curriculum Committee Chair:</b>	<b>Date:</b>
<b>Dean of School:</b>	<b>Date:</b>
<b>Director of GE:</b>	<b>Date:</b>

**ACADEMIC OPERATIONS USE ONLY:**

<b>Effective Term:</b>	<b>Catalog Year:</b>
<b>Comments:</b>	
<b>Course ID:</b>	<b>Enrollment Requirement Group:</b>
<b>Added Course Attribute:</b>	