

COURSE PROPOSAL FORM

Be sure to Save work
before using this button

SELECT ONE PROPOSAL ACTION *(Select One)*

EFFECTIVE CATALOG YEAR: FALL

NEW

 REVISION*

 CANCELLED**

 MORATORIUM**

*Complete the Program/School box, Rationale, the Course Info, and then the boxes where the change(s) are requested.

 **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:

| | |
|--|-------|
| Department Chair/Program Director: | Date: |
| School/Program Curriculum Committee Chair: | Date: |
| Dean of School: | Date: |
| Director of GE: | Date: |

ACADEMIC OPERATIONS USE ONLY:

| | |
|-------------------------|-------------------------------|
| Effective Term: | Catalog Year: |
| Comments: | |
| Course ID: | Enrollment Requirement Group: |
| Added Course Attribute: | |