

The College of Saint Rose

Approval of a New Course or Changes to an Existing Course

New Course

Change to Existing Course*

*Only report changes that affect program requirements in the department that offers the course or other programs for which it is a requirement or option registered with the New York State Education Department.

Department: _____

1. Suggested course prefix and number for new course: _____
(The course number will be formally assigned by the Registrar.)

2. Course title: _____

3. Number of course credits: _____ If credit hours are to change, proposed credits: _____

4. PLEASE ATTACH COURSE DESCRIPTION-an electronic version is best

5. Course prerequisite: _____ Is this a change or a new prerequisite? Change New
(If there is a sequence of several prerequisites, only the final course of the sequence is needed.)

6. Grading options for this course: Standard Letter Grades Pass/Fail Audit

7. Liberal education designation: 'L' area _____ Diversity Writing Intensive*
(*must have committee approval)

8. Does the addition of this course result in the deletion of a course(s)? Yes No

If yes, list the course number (s): _____

9. Does this transaction affect disciplines or programs other than those in the proposing department (e.g., deletion of a course that is required by programs in other departments, change in number of credit hours or addition of a prerequisite)? Yes No

If yes in what specific ways are other disciplines or programs affected? _____

Consolation and agreement with other disciplines or programs that are affected by the addition of the course are indicated by the signature(s) of department chairperson (s) below.

10. Describe any financial effects of adding the proposed course (including staffing, space, equipment, library resources). _____

11. Planned implementation of proposed course: Semester _____ Year _____

Signatures:

Department Chairperson: _____ Date: _____

School Curriculum Committee Chairperson: _____ Date: _____

School Dean (if applicable): _____ Date: _____

Chairperson(s) of other affected programs: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____