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: __________