

# ADD A NEW COURSE

Department \_\_\_\_\_ College \_\_\_\_\_ Date Initiated \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Instructions:** The following curriculum proposal is submitted to the COLLEGE CURRICULUM COMMITTEE. If this is replacing a course that already exists or equivalent to another course please submit the CHANGE EXISTING COURSE form found at [www.ugs.utah.edu/curricadmin](http://www.ugs.utah.edu/curricadmin). If you need any clarification on filling out the form please contact the Curriculum Coordinator at 801/587-7843 or click ?'s.

First Semester Offered \_\_\_\_\_ Desired Course # \_\_\_\_\_  
Semester, Year  
Credit Hours \_\_\_\_\_ OR Range \_\_\_\_\_ to \_\_\_\_\_  
Has your department taught a course with a similar content in the past?  Yes What # \_\_\_\_\_  No  Unknown  
Short Title \_\_\_\_\_ Long Title \_\_\_\_\_  
As Appears in Class Schedule - 23 character limit As appears in General Catalog

Can students receive credit multiple times for this course?  Yes  No If yes, Total # of times \_\_\_\_\_ Total # of hours \_\_\_\_\_  
Can you enroll in multiple sections in one term?  Yes  No

Cross-Listed Course  with \_\_\_\_\_ OR Meets-With Course  \_\_\_\_\_

\* Cross-Listed courses must have a form submitted for EACH course and must have the same information and title.

Component (choose one)

Are there requisites?  Yes  No Prerequisites \_\_\_\_\_ Min. Grade if Applicable \_\_\_\_\_  
Corequisites \_\_\_\_\_ Min. Grade if Applicable \_\_\_\_\_

This section is for the course description that appears in the course catalog.

## Step I. Departmental Approval:

\_\_\_\_\_  
Please Type Name Signature, Department Chair Date

## Step II. College Curriculum Committee Approval:

The Curriculum Committee has reviewed the proposal of the department and concurs with its recommendation.

\_\_\_\_\_  
Please Type Name Signature, Curriculum Committee Chair Date

## Step III. College Dean Approval:

I have reviewed the curriculum proposal and am satisfied that all the requirements have been met.

\_\_\_\_\_  
Please Type Name Signature, College Dean Date

Curriculum Administration Only:

Approved: \_\_\_\_\_  
Responded: \_\_\_\_\_ Department Code \_\_\_\_\_