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. 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 satified that all the requirements have been met.

_____ _____ _____

Please Type Name Signature, College Dean Date

Curriculum Administration Only: Approved: _____

Responded: _____ Department Code _____