

GRADUATE COUNCIL REQUEST FORM (Rev. 8/08)

FROM: College \_\_\_\_\_ Department \_\_\_\_\_

PROPOSED

Discipline or Major/Minor Course # Course Title Credit Hrs

\_\_\_\_\_

EFFECTIVE DATE (Term/Year) \_\_\_\_\_ (Justify below if needed before next catalog revision)

CIRCLE TYPE OF ACTION REQUESTED: ADD DELETE REVISE

If ADD is circled, indicate Unit Type: "" Contact Hours "" Class Size "" Credit Hours indicate Frequency of course offering: "Fall""Spring""Summer ""odd""even"" as needed

If REVISE is circled, also check type(s) of revision requested:

Number (verified w/Records \_\_\_\_\_)  Title  Credit Hrs  Course Desc  Cross Listing

Prerequisite/Coreq  Reqts for Major/Minor  Other (specify) \_\_\_\_\_

CATALOG TEXT: (Give page # in current catalog for location of text.

If a revision, give most recently approved wording; insert new text within brackets at appropriate places. Draw a line through portions of old text to be deleted. See accompanying instructions for more details.)

ADDITIONAL EXPECTATIONS (for Graduate Students in 500-600 level courses if not specified above):

JUSTIFICATION:

IMPACT: Explain any impact upon courses, degrees and/or accreditation requirements (list pages in catalog) in other units as well as yours. If a new/expanded course, how will it be taught with existing staff? Explain any funding needed for staff, equipment, etc. & identify amounts.

APPROVAL ACTION:

Submitted by Department Committee \_\_\_\_\_ Date \_\_\_\_\_

I do/do not support this proposal. Department Chair \_\_\_\_\_ Date \_\_\_\_\_

If not, why: \_\_\_\_\_

Recommended by College Committee \_\_\_\_\_ Date \_\_\_\_\_

I do/do not support this proposal. Dean \_\_\_\_\_ Date \_\_\_\_\_

If not, why: \_\_\_\_\_

Recommended by Graduate Council \_\_\_\_\_ Date \_\_\_\_\_

Recommended by Faculty Senate \_\_\_\_\_ Date \_\_\_\_\_