

# New/Revision Course Request Form

PROGRAM CHAIRS/DIRECTORS: EMAIL THIS FORM TO YOUR DEAN'S OFFICE  
DEAN'S OFFICE: EMAIL THIS FORM TO THE REGISTRAR'S OFFICE

FIELDS OUTLINED IN RED ARE REQUIRED

## COURSE INFORMATION

Course Number: \_\_\_\_\_ Course Type: UG GR Effective Catalog Year: Fall \_\_\_\_\_

Long Course Title (100 character maximum, including spaces): \_\_\_\_\_

Short Course Title (30 character maximum, including spaces): \_\_\_\_\_

## CREDIT HOURS (SELECT ONE)

Total number of credit hours: \_\_\_\_

Range: \_\_\_\_ TO \_\_\_\_ credits OR \_\_\_\_ credits

Enter number of credits for at least one: Lecture: \_\_\_\_ Lab: \_\_\_\_ Other: \_\_\_\_

Enter Contact Hours per Week if it exceeds the number of credits: \_\_\_\_

Can this course be taken multiple times for additional credit? No Yes If yes, how many times? \_\_\_\_

**GRADE MODES (CHECK ALL THAT APPLY)** Standard Letter Audit Pass/Fail

## SCHEDULE TYPE/INSTRUCTIONAL METHOD (CHECK ALL THAT APPLY)

Blended Course	Clinical	Colloquium	Cooperative Education
Directed Studies	Exam	Field Placements	Hybrid
Internship	Lab	Lecture	Lab/Lecture
Online	Research	Seminar	Simulation
Studio	Workshop		

## CORE

Meets Old Core Curriculum Objectives: Yes No Objective(s) this course fulfills prior to Fall 2017: \_\_\_\_\_

Meets New Core Curriculum Objectives: Yes No

Use this list to view new core objectives, then write the 3-or 4-digit banner codes for all objectives that apply in this field:

## PRE AND CO REQUISITES

Co-requisite Course(s): \_\_\_\_\_

Prerequisite Course(s) SPECIFY MINIMUM PASSING GRADE: \_\_\_\_\_

Course Fees: \$\_\_\_\_\_ Flat Fee: \$\_\_\_\_\_ or per Credit Hour: \$\_\_\_\_\_

## RESTRICTIONS MUST SELECT AT LEAST "LEVEL" (CHECK ALL THAT APPLY)

Level: UG GR

Field of Study: Major : \_\_\_\_\_ Minor : \_\_\_\_\_

College (CHECK ALL THAT APPLY): AR BA ES HP LA NU

Department: \_\_\_\_\_

Class: Freshman Sophomore Junior Senior

## REPLACEMENT COURSE

Will this replace a previous course? No Yes

If yes, what course does it replace? \_\_\_\_\_ Are they: Equivalent or Mutually exclusive

Is this course a requirement or a new option within a specific degree/program? No Yes

\*\*If yes, please contact the Transfer Team to update Degree Evaluation 313-993-1940.

PROGRAM CHAIR/DIRECTOR SIGNATURE: \_\_\_\_\_ DEAN'S OFFICE SIGNATURE: \_\_\_\_\_

ATTACH COURSE DESCRIPTION AS A WORD DOC AND EMAIL WITH THIS FORM