

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)

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

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): AA AC 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:** _____