

## Course Outline Approval Form

**Submission Date** (mm/dd/yy) \_\_\_\_\_

**Effective Term for Change**

*To be completed by the faculty. Check all that apply:*

**New** or **Modified** **Required** or **Elective**

**ALL INFORMATION MUST BE ENTERED TO BE PROCESSED**

**Degree** \_\_\_\_\_

**Program** \_\_\_\_\_

Check if the course is to be cross-listed

**Proposing Faculty** \_\_\_\_\_

**Existing Course #** \_\_\_\_\_ **Course Title** \_\_\_\_\_  
(if new, completed by Scheduling Officer) (Maximum 100 characters, including spaces)

**Section 1:** Complete this section for **ALL** courses.

**Is this course included in any of the following?** (If checked, submit curriculum table with revised course outline.)

Table 1a (Undergraduate)

Table 1b (Graduate)

Minor \_\_\_\_\_  
(minor title)

Immersion \_\_\_\_\_  
(immersion title)

Adv. Certificate \_\_\_\_\_  
(advanced certificate title)

**Section 2:** Complete this section for **MODIFIED** courses only.

Identify the modification(s), check all that apply:

**Modification** (Requires School Director AND College Curriculum Committee approval)

Course Title	Course Number	Prerequisite	Co-requisite	Enr. Requirement Group
Credit Hour/Eff. term _____	Contact Hour	Component	Inactive	Course Description
Term Offered	Consent Added	Consent Dropped	Multiple Enroll	Repeat for Credit
				Final Exam

**Other:** Be specific. \_\_\_\_\_

**Action Routing** (Use Adobe Acrobat. Digital signature is required. Electronically forward to next person on the list.)

- Undergrad Program Director | Grad Director \_\_\_\_\_
- School Curriculum Committee Chair \_\_\_\_\_
- School Director \_\_\_\_\_
- CAD Curriculum Committee Chair \_\_\_\_\_  
and/or
- Sr. Associate Dean | Associate Dean \_\_\_\_\_
- Scheduling Officer \_\_\_\_\_