NEW COURSE PROPOSAL FORM

North Dakota State University
Academic Affairs Committee

Please use one form for each course proposal (including courses formerly taught as Special Topics, Temporary/Trial or Individual Study), and complete all sections.

A course syllabus must be attached to this form and be compliant with syllabus guidelines and policies.
Refer to: http://www.ndsu.edu/facultysenate/acadaffairs/syllabi/

If course proposals are for cross-listed courses numbered 4xx/6xx, please include all applicable prefixes and numbers on one form and obtain signatures from all impacted department(s)/college(s). Cross-listing Guidelines are available at:
http://www.ndsu.edu/facultysenate/acadaffairs/crosslisting/

College: _____ **Requested Effective Term:** _____ **Date Submitted:** _____

Proposed Course Information:

Proposed Prefix:	Proposed Catalog #:	Proposed Title:	Proposed Credits:
		Abbreviated Title *(if proposed title is longer than 30 characters)*:	

Bulletin Description:
If course is repeatable for credit, or graded on a non-standard grading basis (P/F or S/U), include that in the description.

Proposed Bulletin Description *(Maximum number of words = 35)*:

Course Prerequisite(s)/Corequisite(s):

Please list all restrictions below as they should appear in course descriptions.

☐ No Proposed Course Prerequisites or Corequisites

☐ Course Prerequisites -- course/s that must be taken prior to enrolling in this course (list all):

☐ Course Corequisites/Prerequisites -- course/s that must be taken prior to or concurrent with this course (list all):

☐ Other Requisites (i.e., program, classification restrictions). Please specify:

Notes:

1. Course requisites are built in Campus Connection. Once built, students who do not meet these requirements may only be allowed to register with department permission.
2. If requisites should not prevent student registration, they may be detailed as *'recommended'* in the bulletin description.
3. *'Department Consent'* is available for all courses, and need not be listed as a requisite. Courses that are only offered via department consent (permission) must be indicated as such in the schedule of classes.
4. Graduate courses are restricted to graduate-level students; as such, *'graduate standing'* need not be listed as a requisite.
5. If prerequisite or corequisite is outside the department offering the course, attach a memo or email of support or acknowledgement from impacted department.

Rationale for New Course:

Program Information:

In which major, minor, or other program(s) will this course be required or used?

Impact on Resources:

Explain and attach responses from any department or unit that this course may significantly impact *(e.g., comparable content, duplication, increased/ decreased enrollment, corequisite/prerequisite, shared resources, etc.)*

Anticipated Maximum Enrollment:

Total number of students expected to enroll (to determine facilities): _____

General Education: (undergraduate courses only)

If this course will be proposed for general education, please complete appropriate General Education paperwork available at: http://www.ndsu.edu/facultysenate/gened/forms/

Common Course Numbering: (undergraduate courses only)

Is this course approved as a CCN within the North Dakota University System (NDUS)? ◯ Yes ◯ No
See http://www.ndus.edu/employees/articulation-transfer/courses-with-common-transferrable-content/

Does the department desire that this course be proposed as a CCN within the NDUS? ◯ Yes ◯ No

If yes, appropriate notification will be made to the ND University System by the Office of Registration and Records.

APPROVALS/INFORMATION: *(Originals in blue ink please)*

If this course is to be offered for GRADUATE CREDIT, approval is required from the Graduate Council and the Dean of the Graduate School before being reviewed by Academic Affairs.

1. _____ Department Chair/Head _____ Date
2. _____ College Academic Affairs _____ Date
3. _____ Dean of College _____ Date
4. _____ Dean of Graduate School *(when required)* _____ Date
5. _____ Senate Academic Affairs _____ Date
6. _____ Date of Faculty Senate Approval

Signatures of Other Department(s) and/or College(s), when applicable (i.e., cross-listed courses):

1. _____ Department Chair/Head _____ Date
2. _____ College Academic Affairs _____ Date
3. _____ Dean of the College _____ Date

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2. _____ College Academic Affairs _____ Date
3. _____ Dean of the College _____ Date