

EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR NEW COURSE

DEPARTMENT/SCHOOL: _____ COLLEGE: _____
CONTACT PERSON: _____
CONTACT PHONE: _____ CONTACT EMAIL: _____
REQUESTED START DATE: TERM _____ YEAR _____

A. Rationale/Justification for the Course

B. Course Information

1. Subject Code and Course Number: _____
2. Course Title: _____
3. Credit Hours: _____
4. Repeatable for Credit? Yes _____ No _____ If "Yes", how many total credits may be earned? _____
5. Catalog Description (Limit to approximately 50 words.):
6. Method of Delivery (Check all that apply.)
 - a. Standard (lecture/lab) _____
On Campus _____ Off Campus _____
 - b. Fully Online _____
 - c. Hybrid/ Web Enhanced _____
7. Grading Mode: Normal (A-E) _____ Credit/No Credit _____
8. Prerequisites: **Courses** that MUST be completed before a student can take this course. (List by Subject Code, Number and Title.)

9. Concurrent Prerequisites: Courses listed in #5 that MAY also be taken at the same time as a student is taking this course. (List by Subject Code, Number and Title.)

10. Corequisites: **Courses** that MUST be taken at the same time as a student in taking this course. (List by Subject Code, Number and Title.)

11. Equivalent Courses. A student may not earn credit for both a course and its equivalent. A course will count as a repeat if an equivalent course has already been taken. (List by Subject Code, Number and Title)

12. Course Restrictions:

a. Restriction by College. Is admission to a specific College Required?

College of Business Yes _____ No _____
College of Education Yes _____ No _____

b. Restriction by Major/Program. Will only students in certain majors/programs be allowed to take this course?

Yes _____ No _____

If "Yes", list the majors/programs

c. Restriction by Class Level Check all those who **will be allowed** to take the course:

Undergraduate

Graduate

All undergraduates _____

All graduate students _____

Freshperson _____

Certificate _____

Sophomore _____

Masters _____

Junior _____

Specialist _____

Senior _____

Doctoral _____

Second Bachelor _____

UG Degree Pending _____

Post-Bac. Tchr. Cert. _____

Low GPA Admit _____

Note: If this is a 400-level course to be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit. **Only "Approved for Graduate Credit"** undergraduate courses may be included on graduate programs of study.

Note: Only 500-level graduate courses can be taken by undergraduate students. Undergraduate students may not register for 600-level courses

d. Restriction by Permission. Will Departmental Permission be required? Yes _____ No _____

(Note: Department permission requires the department to enter authorization for every student registering.)

13. Will the course be offered as part of the General Education Program? Yes _____ No _____

If "Yes", attach Request for Inclusion of a Course in the General Education Program: Education for Participation in the Global Community form. **Note:** All new courses proposed for inclusion in this program will be reviewed by the General Education Advisory Committee. If this course is NOT approved for inclusion in the General Education program, will it still be offered? Yes _____ No _____

C. Relationship to Existing Courses

Within the Department:

14. Will this course will be a requirement or restricted elective in any **existing** program(s)? Yes _____ No _____

If "Yes", list the programs and attach a copy of the programs that clearly shows the place the new course will have in the curriculum.

Program _____ Required _____ Restricted Elective _____

Program _____ Required _____ Restricted Elective _____

15. Will this course replace an existing course? Yes _____ No _____

16. (Complete only if the answer to #15 is "Yes.")

a. Subject Code, Number and Title of course to be replaced:

b. Will the course to be replaced be deleted? Yes _____ No _____

17. (Complete only if the answer #16b is "Yes.") If the replaced course is to be deleted, it is not necessary to submit a Request for Graduate and Undergraduate Course Deletion.

a. When is the last time it will be offered? Term _____ Year _____

b. Is the course to be deleted required by programs in other departments? Contact the Course and Program Development Office if necessary. Yes _____ No _____

c. If "Yes", do the affected departments support this change? Yes _____ No _____

If "Yes", attach letters of support. If "No", attach letters from the affected department explaining the lack of support, if available.

Outside the Department: The following information must be provided. Contact the Course and Program Development office for assistance if necessary.

18. Are there similar courses offered in other University Departments? Yes _____ No _____

If "Yes", list courses by Subject Code, Number and Title

19. If similar courses exist, do the departments in which they are offered support the proposed course?

Yes _____ No _____

If "Yes", attach letters of support from the affected departments. If "No", attach letters from the affected department explaining the lack of support, if available.

D. Course Requirements

20. Attach a detailed Sample Course Syllabus including:

- a. Course goals, objectives and/or student learning outcomes
- b. Outline of the content to be covered
- c. Student assignments including presentations, research papers, exams, etc.
- d. Method of evaluation
- e. Grading scale (if a graduate course, include graduate grading scale)
- f. Special requirements
- g. Bibliography, supplemental reading list
- h. Other pertinent information.

NOTE: COURSES BEING PROPOSED FOR INCLUSION IN THE EDUCATION FOR PARTICIPATION IN THE GLOBAL COMMUNITY PROGRAM MUST USE THE SYLLABUS TEMPLATE PROVIDED BY THE GENERAL EDUCATION ADVISORY COMMITTEE. THE TEMPLATE IS ATTACHED TO THE REQUEST FOR INCLUSION OF A COURSE IN THE GENERAL EDUCATION PROGRAM: EDUCATION FOR PARTICIPATION IN THE GLOBAL COMMUNITY FORM.

E. Cost Analysis (Complete only if the course will require additional University resources. Fill in Estimated Resources for the sponsoring department(s). Attach separate estimates for other affected departments.)

Estimated Resources:	Year One	Year Two	Year Three
Faculty / Staff	\$ _____	\$ _____	\$ _____
SS&M	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

F. Action of the Department/School and College

1. Department/School

Vote of faculty: For _____ Against _____ Abstentions _____
 (Enter the number of votes cast in each category.)

 Department Head/School Director Signature _____
 Date

2. College/Graduate School

A. College

 College Dean Signature _____
 Date

B. Graduate School (if Graduate Course)

 Graduate Dean Signature _____
 Date

G. Approval

 Associate Vice-President for Academic Programming Signature _____
 Date