

EASTERN MICHIGAN UNIVERSITY  
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR NEW COURSE

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DEPARTMENT: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEPARTMENT CONTACT: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

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**A. Rationale/Justification for the Course**

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**B. Course Information**

1. Subject Code and Course Number: \_\_\_\_\_

2. Course Title: \_\_\_\_\_

3. Credit Hours: \_\_\_\_\_

4. Catalog Description (Limit to approximately 50 words.):

5. Prerequisites: (List by Subject Code, Number and Title.) Students MUST complete prerequisites before they can take this course.

\_\_\_\_\_

\_\_\_\_\_

6. Corequisites: (List by Subject Code, Number and Title.) Students MUST take corequisites at the same time as they are taking this course.

\_\_\_\_\_

\_\_\_\_\_

7. Concurrent Prerequisites: (List by Subject Code, Number and Title.) Students MUST take concurrent prerequisites EITHER before or at the same time as they are taking this course.

\_\_\_\_\_

\_\_\_\_\_

8. Equivalent Courses: (List by Subject Code, Number and Title) Students may not earn credit for both a course and its equivalent.

\_\_\_\_\_

\_\_\_\_\_

9. Course Restrictions:

a. Academic/Class Level (Check all those who **will be allowed** to take the course for credit within their academic program.):

Undergraduate

Freshperson \_\_\_\_\_

Sophomore \_\_\_\_\_

Junior \_\_\_\_\_

Senior \_\_\_\_\_

Graduate

Certificate \_\_\_\_\_

Masters \_\_\_\_\_

Specialist \_\_\_\_\_

Doctoral \_\_\_\_\_

**Note: Only 400-level undergraduate courses can be taken by graduate students for credit within their graduate program. Only Certificate and Masters students may take these courses. If this is a 400-level course to be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit.**

**Note: Only 500-level graduate courses can be taken by undergraduate students.**

b. Will only students in certain majors/programs be allowed to take this course? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the majors/programs

\_\_\_\_\_

\_\_\_\_\_

c. Will Departmental Permission be Required? Yes \_\_\_\_\_ No \_\_\_\_\_

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

d. Is admission to a specific College Required?

College of Business Yes \_\_\_\_\_ No \_\_\_\_\_

College of Education Yes \_\_\_\_\_ No \_\_\_\_\_

10. 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:

11. 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 \_\_\_\_\_

12. Will this course replace an existing course? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: Complete #13 only if the answer to #12 is "Yes." Complete #14 only if the answers to #12 and #13b are both "Yes."**

13. (Complete only if the answer to #12 is "Yes.")

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

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

14. (Complete only if the answers to #12 and #13b are both "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.

15. Are there similar courses offered in other University Departments? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list courses by Subject Code, Number and Title

\_\_\_\_\_

\_\_\_\_\_

16. 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**

17. Attach a detailed Sample Course Syllabus including:

- a. Course goals, objectives and/or expected student 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 cannot be implemented without 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/College**

**1. Department**

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

\_\_\_\_\_  
Department Head 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