REQUEST FOR NEW INTERDISCIPLINARY COURSE

INTERDISCIPLINARY PROGRAM/DEPARTMENT/SCHOOL: ____________________________ COLLEGE(S): __________

CONTACT PERSON: ____________________________________________________________

CONTACT PHONE: ______________________ CONTACT EMAIL: ______________________

REQUESTED START DATE: TERM _______ YEAR _________

A. Rationale/Justification for the Course

B. Course Information
1. Cross-listed Department Prefix: _______________________________________________
2. or College Prefix: __________________________________________________________
3. Subject Code and Course Number: ____________________________________________
4. Course Title: ______________________________________________________________
5. Credit Hours: __________________________________________________________________
6. Repeatable for Credit? Yes_______ No_______ If “Yes”, how many total credits may be earned?_______
7. Catalog Description (Limit to approximately 50 words.):

8. Method of Delivery (Check all that apply.)
   a. Standard (lecture/lab)__________
      On Campus__________ Off Campus__________
   b. Fully Online______________
   c. Hybrid/ Web Enhanced_______
9. Grading Mode: Normal (A-E)__________ Credit/No Credit______________
10. Prerequisites: Courses that MUST be completed before a student can take this course. (List by Subject Code, Number and Title.)
    __________________________________________________________________________
    __________________________________________________________________________
11. 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.)

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

13. 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)

14. 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: Departmental permission requires the department to enter authorization for every student registering.)

15. 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 or within College Interdisciplinary Program:

16. Will this course 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____

17. Will this course replace an existing course? Yes__________ No__________

18. (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__________

19. (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.

20. Are there similar courses offered in other University Departments? Yes__________ No__________
    If “Yes”, list courses by Subject Code, Number and Title

21. 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 programs / departments. If “No”, attach letters from the affected department explaining the lack of support, if available.

D. Course Requirements

22. 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.)

<table>
<thead>
<tr>
<th>Estimated Resources:</th>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty / Staff</td>
<td>$________</td>
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<td>SS&amp;M</td>
<td>$________</td>
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</tr>
<tr>
<td>Equipment</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Total</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

F. Action of the Program/Department/School and College
(Include the faculty votes signatures from all collaborating programs/departments/schools, if applicable.)

1. Program/Department/School
   - Vote of faculty: For __________   Against __________   Abstentions __________
     (Enter the number of votes cast in each category.)

   Interdisciplinary Program Administrator Signature __________________________ Date
   
   Vote of faculty: For __________   Against __________   Abstentions __________
   Department Head/School Director Signature __________________________ Date
   
   Vote of faculty: For __________   Against __________   Abstentions __________
   Department Head/School Director Signature __________________________ Date

2. College/Graduate School
   A. College(s)
      - College Dean Signature __________________________ Date
      - College Dean Signature __________________________ Date
B. Graduate School (if Graduate Course)

Graduate Dean Signature ___________________________ Date __________

G. Approval

Associate Vice-President for Academic Programming Signature ______________ Date __________