

New Course Form
 (duplicate on pink paper)

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Agenda Item No. Month Year
 (for committee use only)

Initiated by: _____
 Signature of full-time faculty member

Date: _____

Information

Prefix/Number

Title

Prerequisite

Recommended

Required (will block registration)

Lab/lecture hours: credit hours

Repeatable/variable credit

You must explain reasons for requesting variable and/or repeatable credit. (Attach form 11A for requests for 0.5 credit hour courses.

Catalog description
 (Use complete sentences)

Course type

Select a type that best represents the primary instructional methods to be used.

Course fee required?

Yes No

Proposed Course Details

Full (catalog) _____

ICCB
 (36 characters and spaces) _____

If none, please state none. _____

Lab hours _____ Lecture hours _____ Credit hours _____

Repeatable Repeat how many times (up to 3x) _____

Variable credits 0.5 credits minimum _____ to _____

Explanation _____

L-Lecture A-IntAct Inst/Distance Learning

D-Discussion/Lecture T-TV (1 way)/Radio/News

S-Seminar N-Internet/www

X-Laboratory/Discussion C-Non-Internet Computerized

I-Independent Study O-Other

E-Internship/Field Experience/Other

If yes, list amount and what fee will cover. _____

ICCB Curriculum Prefix #

PCS.CIP code (generic number)

Non-generic course

For courses with PCS code of 1.1, is ICCB Form 13 attached?

Yes No

Will this course seek IAI approval?

Yes No

If yes, identify the IAI Gen. Ed. or Majors panel(s) and relevant IAI code number(s)

Will proficiency credit be available for this course?

Yes No

If yes, identify the kind of proficiency credit (e.g., testing, work experience, etc.)

Department

Effective Date

Term first offered (semester/year)

Class Size Limit

List maximum number of students (consult current faculty contract) and reason why.

No. of Students per section

Anticipated No. of sections

Anticipated enrollment

Explain

Program Impact: List all programs in which this course is required. If more room is needed, attach a separate sheet.

Program Impact: List all programs in which this course appears as an elective. If more room is needed, attach a separate sheet.

List names of Program Advisory Committee and department members with whom this course has been discussed.

Name(s) and positions:

Staffing

Existing full-time faculty New full-time faculty Adjunct faculty

Specialized Equipment Needed

Yes No

List items needed and estimated cost

Specialized Classroom Needed

Yes No

If yes, describe space needed.

Provide details for any costs beyond normal salary costs.

Clinical/Internship sites required?

External licensing or Accreditation required?

Students served by this course?

Signatures Required

Coordinator/Department Chair

Date

Division Dean

Date

Curriculum Committee Chair

Date

Vice President of Academic Affairs

Date