Texas A&M University-Corpus Christi

Course Addition Form

Course Number and Name:  _____  _____
Semester Credit Hour (SCH) Value of Course:  _____
Hours Per Week:  (Enter the contact hours per week for each activity that applies)

Lecture  _____
Lab  _____
Practicum  _____
Other (specify):  _____  ( _____ )

Course Description:

Complete the information below.

Does this course fulfill University core curriculum requirements?

NO  If yes, specify the area:  _____

Does this course require special grading?

NO  If yes, specify the type of grading:  _____

May this course be repeated for credit?

NO  If yes, what is the maximum credit that may be awarded:  _____  SCH

Does this course require special course fees?

NO  If yes, specify the Type of Fee & Amount

Field Trip Fee  _____
Lab Fee  _____
Material Fee  _____
Other Fee (Specify)  _____  ( _____ )

Department Chair Approval & Date:  ___________________________  ________
Curriculum Committee Chair Approval & Date:  ___________________________  ________
College Dean Approval & Date:  ___________________________  ________

Note: The Faculty Senate and, if applicable, the Graduate Council must approve all new courses. Signatures from these approving entities are not required on this form.

__________________________________________  __________________________
Office of Admissions and Records  Date:  __________________________