Course Addition Form

Effective Fall of _______

(This course does not replace an existing course)

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)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>_____</td>
</tr>
<tr>
<td>Lab</td>
<td>_____</td>
</tr>
<tr>
<td>Practicum</td>
<td>_____</td>
</tr>
</tbody>
</table>
| Other (specify): | _____  (_____)

Course Description: (PLEASE ATTACH)

Complete the information below:

Is this a required course?

NO  Yes

Is this a leveling course?

NO  Yes

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

Is this a stacked course?

NO  If yes, specify course: __________________

Is this course similar to others offered in your college?

NO  If yes, specify course: __________________

Does this course require a special course fee?

NO  If yes, specify the Type of Fee and Amount

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

**What are the student learning objectives? (PLEASE ATTACH)

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.