Course Addition to the Graduate Studies Bulletin

Effective Term: _____

Subject Code: _____   **Course Number:** _____

Course Title (30 character limit, including spaces): _____

College (Arts & Sciences (AS) or School of Business (SB)): _____

Lab Fee: _____   **Special Tuition – Amount:** _____   **Fee Type (Flat, Per Credit):** _____

Level (please check all that apply): Undergraduate _____   Post-Baccalaureate _____   Graduate _____

Grade Mode (please check all that apply): Standard Letter _____   Audit _____   Pass/Fail _____

Credit Hours: _____   **Lecture Hours[1]:** _____   **Lab Hours[2]:** _____   **Contact Hours[3]:** _____   **CEU Hours:** _____
1- Hours the instructor will be in classroom contact with the students per week
2- Hours the instructor will be in lab contact with the students per week
3- Hours the instructor will be in classroom/lab contact with the students per week

Are students allowed to repeat this course? _____
    If yes, please indicate-

- **The maximum hours that can be earned:** _____

- **The maximum hours that can count towards degree requirements:** _____

Schedule Type/Delivery Method (Courses can have more than one type at the Catalog level - please circle all that apply):

Code	Description	Code	Description	Code	Description
CO	Cooperative Education	INT	Internship	RPR	Individual Research Project
CPS	Capstone Course	LB	Lab	SE	Seminar
EXP	Experiential	LE	Lecture	TCH	Student Teaching
FLD	Field Experience	OIN	Online Independent Study	TH	Thesis or Essay
HYB	Hybrid-Online&Classroom Course	OTH	Other	WE	Web/Online Course
I/S	Internship & Seminar	PR	Practicum	WK	Workshop
IND	Independent Study	RDG	Readings	WW	Online Workshop
INR	Independent Research				

Co-requisite(s): _____
This co-requisite is required to be taken at the same time as the primary course. **This area is not to be used for prerequisites with concurrency.**

Prerequisite(s)/Prerequisite(s) with concurrency*: _____

_____

_____

_____
*Indicating a prerequisite with concurrency means that the courses can be taken simultaneously. **Please mark these with an asterisk.**

Equivalent Course(s): _____
List any previous course numbers if this course was ever been offered under a different course number or subject

Registration Restriction (please choose all that apply and also specify the appropriate code or codes):
Selecting any of these will allow only students who fit these criteria to register for the course.

	Department		i.e. ED (to restrict to Education department)
	Program		i.e. E004 (For Early Child Prof Tch program only)

For CAPP/Degree Audit building purposes, please explain how this course meets major /minor degree requirements

(please be as specific as possible): _____

_____

_____

_____

_____

_____

<mark>Please attach a copy of the course description to this form.</mark>

Department Chair Signature: _____ **Date:** _____

Dean Signature: _____ **Date:** _____

Once approved, please send copy to AVP's Office and Registrar's Office for processing.