

# NEW GRADUATE COURSE REQUEST

**Return original to:**

*Division of Research and Graduate Studies  
Thomas Administration Building, Room 130  
Mail Stop TA 51*

Graduate Program: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Effective Term/Year: \_\_\_\_\_

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**Use this form if your course is:** *(please select the box below that best describes your course)*

- (a) new (never has been taught before)
- (b) conversion (break-out of a "topics" course as a new course)
- (c) significant change to an existing course
- (d) other \_\_\_\_\_

**NOTE:** If the changes you make on this form are different from what you submitted on your mock-ups to catalog, then you **must** revise your mock-ups and resubmit them to the catalog office.

If you wish to delete or make minor revisions to an existing graduate course, use the "Graduate Course Change or Deletion" form.

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## 1. NEW COURSE:

Prefix/ Catalog Long Course  
Subject \_\_\_\_\_ Number \_\_\_\_\_ Title \_\_\_\_\_ Units Max/Total \_\_\_\_\_

Short Title (16 spaces maximum) for Printing \_\_\_\_\_ Grading Basis (Letter, CR/NC, SP, Mixed) \_\_\_\_\_

Course Classification (C/S#) \_\_\_\_\_

**NOTE:** If the proposed course has been offered previously as a topics course or is the expansion of an existing course, complete the following for the previous course:

Prefix/ Catalog Long Course  
Subject \_\_\_\_\_ Number \_\_\_\_\_ Title \_\_\_\_\_ Units Max/Total \_\_\_\_\_

**Catalog Description of New Course:** (40 words only, excluding prerequisite, lecture-lab hours)

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**2. NEW COURSE QUESTIONS:**

(Each item **must** be addressed; attach additional sheet(s) as needed.)

- A. How frequently is the new course expected to be offered? \_\_\_\_\_
- B. What is the expected enrollment? \_\_\_\_\_
- C. What is/are the mode(s) of course delivery (e.g., lecture, seminar, supervision, distance learning)? **Please see “Definitions of Graduate Level Instruction in the CSU.”**  
\_\_\_\_\_
- D. Identify all new resources (special facilities, library resources, technical assistance, etc.) needed to institute the course.  
\_\_\_\_\_  
\_\_\_\_\_
- E. Is this course required or elective? \_\_\_\_\_
- F. Is there another course(s) covering similar subject matter:
- Within your department? No  Yes  (is yes, complete section 4)
  - at California State University, Fresno? No  Yes  (if yes, complete section 4)
- G. Has this course been previously offered as a topics course? Yes  No   
If yes, how many times? \_\_\_\_\_
- H. Justification for New Course: (Please attach an explanation detailing the need for this new course.)

**3. Please attach a course outline/syllabus that:**

- Follows the guidelines stated in the **“Policy on Course Syllabi and Grading”** as published in the Academic Policy Manual 241.
- Illustrates how the course meets the criteria described in **“Definitions of Graduate Level Instruction in the CSU.”**

**4. CONSULTING SIGNATURES (if required)**

In an effort to avoid course duplication and misunderstandings, signatures must be obtained from those departments potentially affected by proposed changes.

I have read the new graduate course proposal and support the offering of this course.

Yes  No

If no, please explain your concern (s):

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Department Chair (of department being consulted)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department

\_\_\_\_\_  
Department Chair (typed name)

\_\_\_\_\_  
Department Chair (typed name)

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**5. REQUIRED SCHOOL SIGNATURES (verifies proposal has been approved)**

**Graduate Program Coordinator**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Chair**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Curriculum (or Credential) Committee Chair (if applicable)**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Dean**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*- For committee use only -*

**UNIVERSITY GRADUATE COMMITTEE/GRADUATE CURRICULUM SUBCOMMITTEE REVIEW  
RECOMMENDATION:**

Request Approved

Request Denied

Request Deferred

\_\_\_\_\_  
Date of Action

Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation approved by:

**Dean, Research and Graduate Studies/or designee**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date