

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: _____

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.

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)

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 (if 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):

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