

COURSE CATALOG FORM

PLEASE COMPLETE THIS FORM TO PROPOSE A NEW COURSE OR TO CHANGE TO AN EXISTING COURSE.

NEW COURSE

NEW TOPICS COURSE

COURSE CHANGE*

***FOR CHANGES TO EXISTING COURSES – PLEASE INDICATE THE COURSE DATA THAT IS CHANGING**

CO-REQUISITE	DEPARTMENT	LEVEL	SCHOOL	OTHER
COURSE NUMBER	DESCRIPTION	PRE-REQUISITE	SUBJECT	
CREDITS	FEE	ROTATION	TITLE	

SUBJECT CODE: _____

COURSE NUMBER: _____

TITLE: _____

CREDIT HOURS: _____ OR TO _____

LAB HOURS: _____ OR TO _____

BILLING HOURS: _____ OR TO _____

OTHER HOURS: _____ OR TO _____

LECTURE HOURS: _____ OR TO _____

CONTACT HOURS: _____ OR TO _____

COLLEGE/SCHOOL:

LEVEL:

CAMPUS:

EFFECTIVE TERM: _____

DYSON COLLEGE OF ARTS AND SCIENCES
LUBIN SCHOOL OF BUSINESS
SEIDENBERG SCHOOL OF COMPUTER SCIENCE
SCHOOL OF EDUCATION
COLLEGE OF HEALTH PROFESSIONS
ADULT AND CONTINUING EDUCATION

UNDERGRADUATE
GRADUATE
DOCTORATE
LAW
NON-TRADITIONAL

NEW YORK
PLEASANTVILLE
WHITE PLAINS

FALL YEAR
SPRING
SUMMER 1
SUMMER 2

DEPARTMENT: _____

DETAIL CODE: _____

FEE: \$ _____

IF THERE IS A **COURSE FEE**, PLEASE PROVIDE THE REASON FOR THE FEE:

COURSE ROTATION:

FALL EVEN YEARS
ODD YEARS

SPRING EVEN YEARS
ODD YEARS

SUMMER 1

SUMMER 2

CAN THIS COURSE BE REPEATED FOR CREDIT? : YES NO IF YES, TOTAL TIMES: _____

GRADE MODE:

FOR MULTIPLE OPTION SELECTION, PLEASE INDICATE WHICH GRADE MODE IS **DEFAULT**

DEFAULT

STANDARD LETTER GRADE	YES	NO
PASS/FAIL	YES	NO
AUDIT	YES	NO
SATISFACTORY/UNSATISFACTORY	YES	NO
PENDING (CONTINGENT)	YES	NO

SCHEDULE TYPE(S):

CLINICAL	LABORATORY	SERIES
CLERKSHIP	LAB (GRADED)	SIMULATION
COLLOQUIUM	LECTURE	SKILLS DEVELOPMENT
CLOUT	NACTEL	SPECIAL
DISCUSSION	PHYSICAL ED	STUDENT TEACHING
EXTERNSHIP	PRACTICUM	THESIS/RESEARCH
INDEPENDENT STUDY	STUDIO	TUTORIAL
INTERNSHIP	SEMINAR	WORKSHOP

COURSE ATTRIBUTES:

AREA OF KNOWLEDGE: _____
CHALLENGE TO ACHIEVE
CONTEMPORARY GLOBAL STUDIES

ENHANCEMENT
EXPLORATORY
HONORS

INQUIRY AND EXPLORATION
LEARNING COMMUNITY
REMEDIAL

SERVICE LEARNING
WEB ASSISTED
WRITING ENHANCED

IS THIS COURSE REPLACING AN EXISTING COURSE? YES NO IF YES, INDICATE EQUIVALENCY ON PAGE 2

IS THIS COURSE PART OF A NEW MAJOR OR AN EXISTING MAJOR? YES NO

IS THIS COURSE PART OF A NEW MAJOR OR AN EXISTING MAJOR? YES NO, IF YES

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SUBJECT CODE: _____ COURSE NUMBER: _____

PRE-REQUISITES: A COURSE(S) THAT **MUST** HAVE BEEN SUCCESSFULLY COMPLETED IN A **PRIOR SEMESTER**. **PRE-REQUISITE WITH *CONCURRENCY** IS A COURSE THAT **MAY** BE TAKEN WITHIN THE **SAME SEMESTER OR IN A PRIOR SEMESTER**.

SUBJECT	COURSE NUMBER	MINIMUM GRADE	AND / OR		CONCURRENCY *	
			AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO

LIST ADDITIONAL PRE-REQUISITES NOT CAPTURED ABOVE BY COURSE FIELDS (EXAMPLE: HIGH SCHOOL EQUIVALENT WORK)

PRE-REQUISITES: _____

CO-REQUISITES: A COURSE THAT MUST BE TAKEN WITHIN THE SAME SEMESTER

SUBJECT	COURSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

EQUIVALENCIES: LIST ALL COURSES THAT ARE EQUIVALENT TO THE NEW OR CHANGED COURSE

SUBJECT	COURSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

COURSE RESTRICTIONS: PLEASE INDICATE SPECIFIC RESTRICTIONS. (Ex: COLLEGE RESTRICTION: AE, AS, BU, ED, AND HP)

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> TERM _____ | <input type="checkbox"/> CAMPUS _____ | <input type="checkbox"/> COLLEGE _____ | <input type="checkbox"/> MAJOR _____ |
| <input type="checkbox"/> LEVEL _____ | <input type="checkbox"/> CLASSIFICATION _____ | <input type="checkbox"/> DEGREE _____ | <input type="checkbox"/> PROGRAM _____ |

COURSE DESCRIPTION: _____

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SUBJECT CODE: _____ COURSE NUMBER _____

COURSE RATIONALE: _____

LEARNING OBJECTIVES: (FOR EACH LEARNING OUTCOME, INDICATE ON THE SYLLABUS HOW IT WILL BE ASSESSED)

REQUIRED MATERIALS: _____

TECHNICAL REQUIREMENTS: _____

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SUBJECT CODE: _____ COURSE NUMBER _____

CHAIRPERSON SIGNATURE: _____ DATE: _____

ASSOCIATE DEAN SIGNATURE: _____

COLLEGE/SCHOOL CURRICULUM COMMITTEE: _____ DATE: _____

APPROVED FOR SCHEDULE AND COURSE CATALOG BY THE DEANS' COUNCIL

DYSON COLLEGE OF ARTS AND SCIENCES: _____ DATE: _____

LUBIN SCHOOL OF BUSINESS: _____ DATE: _____

SEIDENBERG SCHOOL OF COMPUTER SCIENCE: _____ DATE: _____

SCHOOL OF EDUCATION: _____ DATE: _____

COLLEGE OF HEALTH PROFESSIONS: _____ DATE: _____

LAW SCHOOL: _____ DATE: _____

***FACULTY COUNCIL COMMITTEE NEW YORK:** _____ DATE: _____

***FACULTY COUNCIL COMMITTEE PLEASANTVILLE:** _____ DATE: _____

PROVOST SIGNATURE: _____ DATE: _____

***ONLY REQUIRED IF CHANGES IN COURSE OFFERING CAUSES SIGNIFICANT CHANGE IN THE REQUIREMENTS OF AN EXISTING PROGRAM.**