

REQUEST FOR COURSE ACTION / GENERAL EDUCATION FORM

[Effective Fall 2008]

School: _____ Department: _____ Prepared by: _____ Ext.: _____ Date: _____

Submit this form at least one quarter prior to offering course.

Department (Discipline)	Course #	Course Title	Units	Workload Credit Only
Abbreviated title: (19 characters only, including spaces)				
Catalogue description (limit, 40 words)				
Corequisite:				
Prerequisite:				
Restriction:				
Cross-Listed with: Dept.(s) & Course # (s) _____ Concurrent with: Dept. & Course # _____				
Overlaps with: Dept. & Course # _____ (Student may not receive credit for both)				

Action Request

Number of Hours per Week

Grading Option

<input type="checkbox"/> New course (attach expanded course outline) <input type="checkbox"/> one year only beginning <input type="checkbox"/> Approve for on-line delivery <input type="checkbox"/> Change course as follows: <input type="checkbox"/> Title _____ <input type="checkbox"/> Description _____ <input type="checkbox"/> Approve for on-line delivery <input type="checkbox"/> Corequisite, prerequisite, or restriction <input type="checkbox"/> Renumber: formerly Dept. & Course # _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> General Education Requirement/s (specify category in box below) <input type="checkbox"/> Multiple listing (forms for cross-listed courses must be submitted simultaneously) <input type="checkbox"/> Delete course <input type="checkbox"/> Deactivate Course <input type="checkbox"/> Renew course: quarter/year last offered _____	<input type="checkbox"/> Lecture <input type="checkbox"/> Seminar <input type="checkbox"/> Discussion <input type="checkbox"/> Laboratory <input type="checkbox"/> Studio <input type="checkbox"/> Field-Work <input type="checkbox"/> Research <input type="checkbox"/> Quiz <input type="checkbox"/> Colloquium <input type="checkbox"/> Tutorial <input type="checkbox"/> Activity	<input type="checkbox"/> Letter grade with P/NP option <input type="checkbox"/> Pass/Not Pass only <input type="checkbox"/> IP (In Progress Grading) <input type="checkbox"/> Letter grade with S/U option <input type="checkbox"/> S/U only Repeatability <input type="checkbox"/> May be taken once only for credit <input type="checkbox"/> May be taken a total of _____ times <input type="checkbox"/> May be taken for a total of _____ units <input type="checkbox"/> May be repeated unlimited times (as topics vary)
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Required for which Major(s): _____ Minor(s): _____

Following approval, this action effective beginning (quarter/year) **F08** Course to be offered: Fall _____ Winter _____ Spring _____ Summer _____

Course sequence (A-B-C-D-etc.): _____ Instructor/Title: _____

Justification for Action: Include any information that will assist in the review of this request (Attach additional sheet if necessary.)

Department Chair: (Type Name) _____ Signature _____ Date _____

Dean Director: (Type Name) _____ Signature _____ Date _____

Approved: _____
 Committee on Courses/Graduate Council _____ Signature _____ Date _____

Approved: _____
 Committee on Educational Policy _____ Signature _____ Date _____

- Fulfills General Education Category:**
- I. Writing (attach "Request for UDW" form)
 - II. Science and Technology
 - III. Social and Behavioral Sciences
 - IV. Arts and Humanities
 - V. Quantitative, Symbolic, and Computational Reasoning
 - VI. Language Other than English
 - VII. Multicultural Studies
 - VIII. International / Global Studies
 - IX. Laboratory or Performance

Registrar's Office: _____
 Editor's Office: _____ Catalogue: _____