1. Course Title: ____________________________
   Banner Abbreviation: ______________________
   (Limit abbreviation title to no more than 30 characters including spaces and punctuation.)

2. Course Description as it will appear in the catalog. (Whenever possible this description should be limited to no more than 50 words including spaces and punctuation.)

3. Sponsoring Department(s): ____________________________

4. Contact Person: ____________________________

5. Department Curriculum Committee Sign-off:
   (NOTE: All curriculum changes require review by the Department Curriculum Committee and the Department Chair.)

   Vote: _________ / _________ / _________ (For / Against / Abstain)

   Name of Chair, Department Curriculum Committee ____________________________

   Name of Chair, Department ____________________________

6. Submitted to Appropriate Dean(s):
   Name of Dean(s): ____________________________

7. Will this new course impact any other program within the university? (Impacts on other programs may include, but are not limited to affecting course enrollments of courses offered for other programs, and altering faculty teaching loads for members of other departments/programs.)
   ☐ NO       ☐ YES       Department(s): ____________________________
   If yes, attach documentation of consultation with impacted departments.

8. List faculty prepared to teach this course: ____________________________

9. Department prefix: ____________________________ (e.g. ENGL)
   Course Level (check one): ☐ 1XXX     ☐ 2XXX    ☐ 3XXX    ☐ 4XXX

   Briefly describe the rationale for this choice of Course Level:
Course is: (Check all that apply and specify which curricula, if any, will require this course.)

☐ Required for majors _________________________________________________________
☐ Required for minors _________________________________________________________
☐ Elective _________________________________________________________________
☐ Option on a list of courses needed to fulfill a program requirement

10. Will students be able to receive credit for taking this course multiple times?
    ☐ No       ☐ Yes
    If Yes, how many times may a student take the course and receive separate credit? ___________

11. Is Liberal Arts and Science Designation being requested?  ☐ Yes    ☐ No
    (If yes, check all that apply and attach the LAS Cluster Approval Form)

Liberal Arts and Science Clusters (check one)
    ☐ ART - Arts Cluster
    ☐ SMT - Science, Math & Technology Cluster
    ☐ CTW - Citizenship & the World Cluster
    ☐ Honors course

LA&S Attributes (check one, if applicable):
    ☐ AOM – Art or Music               ☐ HMN – Human Behavior
    ☐ HAF – Health & Fitness Related   ☐ LAB - Laboratory
    ☐ HIST – History                   ☐ LIT - Literature

LS&S Global Diversity Designations (check one, if applicable):
    ☐ GDA - Global Diversity, ART      ☐ GDAN - Global Diversity, Non-Western, ART
    ☐ GDC - Global Diversity, CTW      ☐ GDCN - Global Diversity, Non-Western, CTW
    ☐ GDS - Global Diversity, SMT      ☐ GDSN - Global Diversity, Non-Western, SMT

12. If this course satisfies a specific requirement within your department, please indicate so.
    (For example: This course will be designated as an American Survey of Literature course.)

13. Credit Hours*: ______

    ☐ Lecture       _____
    ☐ Laboratory    _____
    ☐ Studio        _____
    ☐ Practicum     _____
    ☐ Assignments   _____
14. Indicate prerequisites, concurrent, or co-requisite course requirements (if any):
(Provide department and course prefixes as well as the course titles. Titles will not appear in catalog.)
- [ ] Prerequisites _______________________________________________________
- [ ] Prerequisites/Concurrent Courses _______________________________________
- [ ] Co-requisites _______________________________________________________

(Prerequisite courses must be taken prior to the course, Prerequisite/Concurrent courses must be taken before or at the same time as the course, and Co-requisite courses must be taken simultaneously.)

15. Will this course be cross-listed with another department? [ ] YES [ ] NO
If so, indicate the department and course level. ____________________________

Department Curriculum Committee Sign-off:
(NOTE: All curriculum changes require review by the Department Curriculum Committee and the Department Chair.)

Vote: _________ / _________ / _________ (For / Against / Abstain)
Name of Chair, Department Curriculum Committee ___________________________
Name of Chair, Department ___________________________

16. Course offering schedule:
   a. Has the course been offered as a topics course? [ ] YES [ ] NO
   b. Semester and year course will first be offered if approved: ________________
   c. Planned frequency of offering:
      - [ ] every semester
      - [ ] every fall semester
      - [ ] every spring semester
      - [ ] every other year
      - [ ] other ____________________________
   d. Capacity _____ (please provide a rationale for the capacity): ________________

17. COURSE JUSTIFICATION: Include uniqueness of course, rationale in terms of student/program needs, objectives of the department and institution, and any other relevant information. In order to ensure optimum resource allocation for the department and institution, describe how this course will impact department and program resources. Impacts may include faculty teaching loads, additional faculty needs, other course offerings that will need to be altered, and how this new course will affect enrollments in existing courses.
18. SYLLABUS & REQUIREMENTS:
   Attach preliminary syllabus/course outline that includes the following elements (an AUC syllabus guide is available):
   A. Course description
   B. Objectives, including learning outcomes
   C. Method of assessment and relationship of assessment to objectives:
   D. Required readings
   E. Grading procedure