**Academic Affairs Committee
New Course Proposal Cover Sheet**

**Course Discipline**: Click or tap here to enter text.  **Course Level:** Click or tap here to enter text.(Indicate course level by 1XXX, 2XXX, 3XXX, 4XXX, 5XXX, 6XXX.) **Proposed Title:** Click or tap here to enter text.

**Total Credit Hours**: **Breakdown (Lecture**: **Lab**: **Other**: )

**Is this course repeatable?** **YES** [ ]  **NO** [ ]   **If yes, how many times?**

**Has this course been taught as a Special Topics?** **YES** [ ]  **NO** [ ]
**If so, number of times taught:**  **Average number of students/semester:**

**Justification for proposing this new course**:
Click or tap here to enter text.

 **Program to which this course belongs (Major, Minor, Concentration, and/or Certificate). Briefly explain how the course will be utilized within the program(s) (e.g., University core course, major course, elective, or substitution)**:
Click or tap here to enter text.

 **Other programs affected by these changes**:
Click or tap here to enter text.

**Have these programs been notified of the changes?** **YES** [ ]  **NO** [ ]   **N/A** [ ]

**Catalog Description**:
Click or tap here to enter text.

**Prerequisites**:
Click or tap here to enter text.

**Co-requisites**:
Click or tap here to enter text.

**Course(s) that are duplicated, or to be discontinued or revised if this course is approved**:
Click or tap here to enter text.

**Additional Resource Requirements and Proposed Sources of Funding (e.g., library, instructional materials, faculty, staff)**: (Please indicate N/A when appropriate).

|  |  |
| --- | --- |
| **Resource Requirement** | **Proposed Source of Funding (if applicable)** |
| Library | Click or tap here to enter text. |
| Instructional Materials | Click or tap here to enter text. |
| Faculty | Click or tap here to enter text. |
| Staff | Click or tap here to enter text. |
| Other: | Click or tap here to enter text. |
| Other:  | Click or tap here to enter text. |

 **Contact Person**: Click or tap here to enter text. **Department**: Click or tap here to enter text.

**Email**: Click or tap here to enter text. **Phone**: Click or tap here to enter text.

**Recommended term to start**:
Limitations: AAC will determine actual term to start.

Note: Syllabus attached (*required, or proposal will be summarily rejected*).

**Discipline vote**: **Yes** **No** **Abstain**

**Department vote**: **Yes** **No** **Abstain**

**Reviewed**: **Department Chair, BSW or MSW Coordinator** **Date**

 **Print Name**

**Reviewed by:**
 **School or College Dean** **Date**

 **Print Name**

**Department Chair Submitted to AAC**:
 **Date**

 Approve Deny
 **Chair, Academic Affairs** **Date**

 **Print Name**

Approve Deny \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Chair, Faculty Senate Date**

 **Print Name**

**ACTION:**  Approve Deny
 **Vice President for Academic Affairs** **Date**

 **Print Name**

**Office of the VPAA sent to the Office of the Registrar**:
 **Date**

**Received by** **Office of the Registrar**:
 **Date**

**Reviewed by Office of the Registrar:**

 **Date**

Banner Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Date**

Catalog Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Date**

**Office of the Registrar distributed to the following parties**:
 **Date**

**CC:** Posted to the Academic Affairs Committee Shared Drive
Vice President for Academic Affairs
Chair, AAC
School or College Dean
Department Chair/BSW or MSW Coordinator
Contact Person