

**Stony Brook University  
The Graduate School  
Request to Cross-list/Co-schedule Graduate Courses**

Department approval is required from each department for Cross-listing and co-scheduling courses.

**Cross-listing:**

- If a new course needs to be created, please attach a Graduate Course Approval Form with this request. Please list existing course as Course #1 (whenever possible).
- If a combination needs to be terminated, please check appropriate box. Please specify if a course needs to be inactivated as a result of the termination.

**Co-scheduling:**

- Please attach an updated description with this form for both courses. If any other updates are necessary, please include a Graduate Course Approval Form with this request.

**Effective Date:**       Fall = 8/25/20 \_\_\_  Spring = 01/01/20 \_\_\_  Summer = 05/25/20 \_\_\_

Create a Cross-list     Terminate Cross-list (Complete Section B)     Co-schedule

**Course #1: (Parent course for cross-listing)**

**Department/Course Number:**    **Dept. Alpha**    **Course #**    **Catalogue #**  
   /    /

**Section A:**

Existing Course                       Create New Course (request attached)

**Section B:**

If terminating Cross-List, do you request that Course #1 be inactivated?     Yes     No

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department Chair Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Divisional Dean Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature Required for New Courses Only)

**Course #2: (Non-parent course for cross-listing)**

**Department/Course Number:**    **Dept. Alpha**    **Course #**    **Catalogue #**  
   /    /

**Section A:**

Existing Course                       Create New Course (request attached)

**Section B:**

If terminating Cross-List, do you request that Course #2 be inactivated?     Yes     No

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department Chair Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Divisional Dean Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature Required for New Courses Only)

**Graduate School Use Only:**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Course #: \_\_\_\_\_

E-mailed Department: