

***Request for Graduate Course Approval or Revision***

**Instructions:** To add a new course, complete all sections noted with an asterisk (and other sections as applicable). To revise an existing course, provide only revised information. An existing inactive course must be activated before it can be offered again. A course that will no longer be offered should be inactivated. To activate/inactivate a course, check the appropriate action and provide the course number, title and (for activated courses only) any revised information. To add a topic, provide the course number, title, effective date and new course topic only. To cross-list/co-schedule courses, please fill out a Request to Cross-list/Co-schedule Graduate Courses Form.

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

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**\*Action:**

- Add New Course**     **Course Revision**     **Activate Course**     **Inactivate Course**     **Add Topic**

*\* Indicates required information for new courses*

**Catalog Data**

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

**\*Title:** \_\_\_\_\_

**\*Course Description:** (If you have any “dummy prerequisites” please make sure they are in the course description)

- For all new courses/ descript. revisions, attach wording as it will appear in the Graduate Bulletin  
 Not necessary for inactivating or activating courses or for course revisions

**Semesters Offered:**     Fall       Spring     Summer

**Frequency:**             Every Semester     Every Year     Alternate Years     Other \_\_\_\_\_

**\*Min. Credit Hours:** \_\_\_\_\_      **\*Max. Credit Hours:** \_\_\_\_\_

**\*Grading:**             ABCF     S/U

**\*Repeat for Credit:**     Yes       No       Limited (please specify) \_\_\_\_\_  
 Multiple enrollments in term

**\*Consent:**             None     Departmental Consent     Instructor Consent

**\*Campus:**             West     HSC     Hospital     Manhattan     Off Campus     Southampton

**Approved Topics:** \_\_\_\_\_

**Prerequisite (co-requisite):** \_\_\_\_\_

# Enforced prerequisites only

**\*Components:**

- Laboratory     Lecture     Recitation     Seminar     Supervision     Tutorial

**Enrollment Limit:** \_\_\_\_\_      **\*Final Exam:**     Yes-finals week     Yes-final class     No

*Required for All Requests:*

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

*Required for New Courses Only:*

Program Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Divisional Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*Graduate School Use Only:*

Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Processed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assigned Course # \_\_\_\_\_ Copy for Dept:     Logged:     Roll:     Assoc.          Rev. 03/26/2008