

*Request for Graduate Course Approval or Revision*

**Add new course:** complete all sections noted with an asterisk \* (and other sections as applicable)

**Revise an existing course:** provide the course number, title, effective date, and revised information

**Add a topic:** provide the course number, title, effective date, and new course topic only

**Activate/Inactivate a course:** provide the course number, title, effective date, and any revised information if necessary.

Department / Course Number: Dept Alpha / Course #  

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**Spring Deadlines**  
 10/1 –Revisions 11/1 – Topics & New Courses

**Summer/Fall Deadlines**  
 3/1 - Revisions 4/1– Topics & New Courses

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

**Catalog Data**

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

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

**\*Course Description:**

For all new courses/description revisions, attach wording as it will appear in the Graduate Bulletin. For all new courses, also email **electronic descriptions** separately to [Graduate\\_Course\\_Catalog@notes.cc.sunysb.edu](mailto:Graduate_Course_Catalog@notes.cc.sunysb.edu)

**Semesters Offered:**     Fall     Spring     Summer

\*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 or Co-requisite (*Enforced requisites only*) \_\_\_\_\_

\*Components:  Laboratory     Lecture     Recitation     Seminar     Supervision     Tutorial

\*Final Exam:  Yes     No     Last Class    **Enrollment Limit:** \_\_\_\_\_

\*Will this course require new resources outside those already in or to be generated by the department?

\*Briefly state the reason for course addition and into which graduate program(s) it will fit. (Attach a statement)

All revisions and new topic requests must be **emailed** to [Graduate\\_Course\\_Catalog@notes.cc.sunysb.edu](mailto:Graduate_Course_Catalog@notes.cc.sunysb.edu) with GPD copied

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

**Required for new courses only:** *New course requests must be submitted in **hard copy** to Graduate School with signatures*

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

**Graduate School use only:**

Associate Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Processed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assigned Course # \_\_\_\_\_ Copy for Dept:  Logged:  Roll:  Assoc.  Revised 3/29/2011