REQUEST FOR NEW COURSE

New Course Form Checklist

Complete the following checklist and submit with the enclosed proposal as the cover page. All sections on the New Course form are required. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Department Chair's Impact Statement w/proof of consultation with college dean

Proposed effective term.

Course Information (subject, number, title, units, description, requisites)

Student Learning Outcomes

List of potential texts

Sample assignments/assessment tools

SLO -to- PLO matrix

Identify if the course will have a special designation (GE, GWAR, Ethnic Studies, Service Learning)

Program Utilization

Grading Method

Repeatable for credit

Mode of instruction (Class type & CS#)

Delivery method

Enrollment restrictions

Typically offered.

Evidence of consultation with affected department(s)/program(s)

Justification for new course

Synopsis for campus-wide sharing (Curriculum Register)

REQUEST FOR NEW COURSE

Proposer Name: **Email:**   **Date:**

College: **Dept:**   **Extension:**

Proposed Effective Term:

1. Course Information

Course Subject: **Course Number:** **Units:** _____ min. _____ max.	
Course Title (Full title for university catalog):	
Abbreviated Title (30 characters total – spaces included) _	
Prerequisite course(s): List all **required** and **recommended** prerequisite courses	
Required:	
Recommended:	
Co-requisite course(s): List all **required** and **recommended** co-requisite courses	
Required:	
Recommended	
Course Description as it will appear in the University Catalog (40 words or less):	

REQUEST FOR NEW COURSE

Student Learning Outcomes: List all SLOs below

Potential Text(s)

List sample assignments/assessment tools:

REQUEST FOR NEW COURSE

> **Complete and attach a matrix demonstrating how the assignments align to the SLOs and how the SLOs align to the Program Learning Outcomes.**

2. **Are you proposing this as a GE course?**   Yes   No

     If yes,

     a.   Area _____

     b.   Complete and attach the GE Program Learning Outcome Matrix

3. **Are you proposing this course to have a special designation/meet a graduation requirement?**   Yes   No
    Complete the special designation/graduation requirement form and attach to this course form. Once completed, submit
    ALL documents listed below to Academic Programs (creview@csudh.edu), who will route your forms to the
    appropriate committee(s).

     a.   Special Designation/Graduation Requirement Form
     b.   Supplemental documents identified in Special Designation/Graduation Requirement form
     c.   Completed course proposal form.

4. **List ALL academic programs where course is utilized:**

5. **Grading Method:**

        A-F and CR/NC by petition

        CR/NC

        A-C/NC (available for undergraduate courses only)

        A-C-/NC (available for undergraduate GE Basic Skills courses only)

        A-B/NC (available for graduate courses only)

        RP (available for graduate courses only)

6. **Repeatable for credit**?   Yes   No

     If yes:

     a.   Max number of units: ____.

     b.   Max number of completions: ____.

     c.   Multiple sections same term: Yes   No

REQUEST FOR NEW COURSE

7. **Mode of Instruction** (Check all that apply and identify the CS# and # of units):

> Lecture   C/S# _____   # of units _____

> Seminar   C/S# _____   # of units _____

> Laboratory   C/S# _____   # of units _____

> Activity   C/S# _____   # of units _____

> Production   C/S# _____   # of units _____

> Supervision   C/S# _____   # of units _____

8. **Delivery Method:** Indicate **ALL** requested methods of delivery in which the course may be offered. For hybrid, include the percentage of online and face-to-face.

> Face-to-face

> Online

> Hybrid   % online _____   % face-to-face _____

> Television

> Off Campus - Include preliminary list of **all** requested location/facilities

9. **Enrollment Restriction(s)** (e.g., seniors only, restricted to majors only, etc.):

REQUEST FOR NEW COURSE

10. Predicted enrollment and number of sections:

	Predicted Enrollment per Section	Number of Sections
Summer		
Fall		
Winter		
Spring		

11. Typically offered (Check all that apply)

Fall

Every other fall

Spring

Every other spring

Summer

Winter

Offered as needed

12. Does this course replace any other courses?   Yes   No

If yes:
  a. Course subject: _____

  b. Course #: _____

  c. Course title _____

13. Does this proposal affect another department(s)?   Yes   No

If yes
    a. List affected department(s)

    b. When the department(s) was/were notified (date)? _____
    c. Attach a copy of the notification(s) and any responses received.

REQUEST FOR NEW COURSE

14. **Justification for the course that addresses the following:**
    a. the need for the course, including whether being proposed in response to academic program review or accreditation recommendations and any other relevant data and/or documentation
    b. the level of course and prerequisites, including having NO prerequisites for a 300, 400, or 500 level courses
    c. CR/NC only grading

15. **Course Fees:** Will the course require a new course fee?   Yes   No

    a. If yes, contact the University Fee Committee via the Office of Administration and Finance for fee proposal information and attach proposal or approval.

16. **Additional forms.** If this course is intended to be part of an existing or new program, submit the appropriate form.

17. **Curriculum Register Synopsis:** Include summary of changes to be shared in campus-wide sharing.

REQUEST FOR NEW COURSE

Faculty Proposer (Print)   **Signature**   **Date**

Department Chair/Program Coordinator (Print)   **Signature**   **Date**
List names of department faculty who approved this
proposal. (Note: The number of names listed must
constitute a simple majority of voting faculty members in
the department.)

Dept. Curr. Com. Chair/ Faculty Designee (Print)   **Signature**   **Date**

College Curriculum Committee Chair (Print)   **Signature**   **Date**

University Curriculum Committee Chair (Print)   **Signature**   **Date**

VPAA/Designee (Print)   **Signature**   **Date**