

Request for A New Course

Valdosta State University

Date of Submission:

Department Initiating Request:

Faculty Member Requesting:

Proposed New Course Prefix & Number:

See Course Designation Abbreviations in the Catalog for approved prefixes.

Proposed New Course Title:

Proposed New Course Title Abbreviation (for Student Transcript)

Limited to 30 characters and spaces:

Semester/Term/Year to be effective:

Estimate Frequency of Course Offering:

Indicate (by typing an 'X') if Course will be: Requirement for Major Elective Course

***If this new course is to be included in the curriculum, be sure to initiate a Curriculum Change form.

Total Contact Hours: Lecture Hours: Lab Hours: Credit Hours:

Proposed Course Description

Justification (continue on back if necessary)

NOTE: ATTACH A COURSE SYLLABUS WITH COURSE OUTCOMES/ASSESSMENTS AND GENERAL EDUCATION OUTCOMES/ASSESSMENTS.

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Approvals:

Department Head(s) **Date**

Dean(s)/Director(s) **Date**

College Executive Committee **Date**

Graduate Executive Committee **Date**

Academic Committee **Date**