**Form A - NEW COURSE**

For **New Courses** - Routing Sheet

**Department Name**:

**Your Name, Email, and/or Phone Number:**

**Effective Term/Year:**

**Course Title**:

30 Character Abbreviation (spaces and USP attributes count):

**Catalog Subject & Number**:       (consult Registrar’s Office x0933)

**Course Description**: Enter new description here, exactly how you wish it to appear:

**Prerequisites:** Clearly define prerequisites here:

If prerequisites involve a course from another department, please ask department chair to sign off on this form.

**Units (Credits):** Number of credits:

Variable Credit:  No  Yes; if yes, variable from:       credits to:       credits

Repeatable for Credit:  No  Yes; if yes, maximum total units:

**Dual Level Listing** (UG/G): If yes, explain here:

**Cross Listing**: If yes, explain here:       (seek approval from other department(s) on signature page)

(If the course will be cross-listed, remember to include a statement in the Course Description above.Example: *Cross-listed with English 434*.)

**Grading Basis**:  Letter Grade  Pass/Fail

**Course Component(s)**: Check all that apply:

Lecture (An instructional method in which the instructor presents data and little discussion occurs. Most Lecture components include some

general discussion. “Discussion” should only be checked if this is separate from the Lecture component. .If the course is ever offered online, the specified number of Lecture hours will be replaced by an equivalent amount of time spent in “Substantive Interaction” between the instructor and students.)

      Hours per week       Total # of Hours

Laboratory/Studio       Hours per week       Total # of Hours

Discussion       Hours per week       Total # of Hours

Field Experience       Hours per week       Total # of Hours

Independent/Individual Instruction       Hours per week       Total # of Hours

Seminar/Colloquia       Hours per week       Total # of Hours

**If the new course is for inclusion in the University Studies Program**, complete the U**SP APPROVAL FORM in addition to this form.**

University Studies Program (USP) form related to this course

Global Scholar (Applies to 300/400 level courses only)

This course will be available on (check all that apply):

Oshkosh Campus  Fond du Lac Campus  Fox Cities Campus

**Access Campus Courses Only:**

If this course will contain one or more FF attributes, list the 4-letter code(s) here:

Associate Dean for Academic Affairs at Access Campuses

**Signature**:       **Date**:

Is this an ethnic studies course?  Yes  No

Is this a remedial course?  Yes  No

Is there an equivalent course that would be considered a repeat of this course?  Yes  No

If yes, which course(s):

**Learning Outcomes: After repeating this course, students will be able to**:

**Course Syllabus: Attach as a separate file.**

**Other notes, or rationale:** - clearly describe here:

**Are New Resources Required**?  No  Yes; Explain:

**For COLS Interdisciplinary courses,** include name of instructor and department:

**Course content related to other curricula**:

1. Does the content of this course duplicate material already offered in the course catalog?

No  Yes

**If yes**, then what is the rationale for offering both courses?

1. If this course will apply to a major, minor, emphasis, option, certification outside the initiating unit, then attach a written statement from applicable department(s) to attest that the course will be accepted in that program.

***Prior to the initiation of the approval process, please contact the Registrar’s office at x0933 for consultation about the possible impact of proposed changes.***

**Registrar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional review sign-off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Including USP, Global Scholar, Honors, etc.)**

**Approvals and Distribution**: Print your name; sign your name, date, check only if you want a copy of the approved Form A. Be sure to indicate in the last line any other people who should receive the approved copy.

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| --- | --- | --- | --- |
| Position | Print Name | Sign Name | Date |
| Originator (if other than Dept Chair & must be faculty member) |  |  |  |
| Department Chair #1 |  |  |  |
| Department Chair #2 (Applicable for cross listing approval) |  |  |  |
| Department Chair #3 (Applicable for cross listing approval) |  |  |  |
| Division Chair |  |  |  |
| Curriculum Committee Chair |  |  |  |
| Dean/College |  |  |  |
| Grad Studies (if applicable) |  |  |  |
| USP Chair (if applicable) |  |  |  |
| Provost & Vice Chancellor | Edwin Martini |  |  |
| Additional Recipient(s) | (Print name) | (Print Email Address) |  |

***Revised: March 2022***