

**GRADUATE COURSE PROPOSAL
COVER SHEET**

New _____ Revision _____

Department _____ Date _____
Course Title _____
Course Number _____ Academic Credits _____ Contact Hours _____
Program Requirement _____ Elective _____ (at least 37.5 for a 3 credit course)
Prerequisites _____

STATISTICAL DATA (Data for first three items available through CSUSIS)

Number of departmental graduate courses currently in the catalogue: Required _____ Elective _____
Number of graduate courses offered in previous Fall Semester _____ Spring Semester _____
Number of graduate courses cancelled previous Fall Semester _____ Spring Semester _____

RELATED DISCIPLINE REVIEW (if applicable)

The _____ Department has reviewed the proposed course(s) as an offering.

COMMENT: _____

Date Signature of Department Chairperson

DEPARTMENT ENDORSEMENT

This course has been approved by the Department, and is a necessary and academically sound addition to the graduate curriculum.

Date Signature of Department Chairperson

SCHOOL ENDORSEMENT

This course has been reviewed by the School Curriculum Committee and is:

_____ recommended as a necessary and academically sound addition to the graduate curriculum
_____ not recommended for the following reason(s) _____

Date Signature of Committee Chairperson

This course has been reviewed by me in terms of form and resource requirements and other related departments have been consulted:

_____ recommended as a necessary and academically sound addition to the graduate curriculum
_____ not recommended for the following reason(s) _____
_____ School does not have a curriculum committee

Date Signature of School Dean

GRADUATE CURRICULUM COMMITTEE RECOMMENDATION

_____ 1. Approved as presented	Recommended changes:
_____ 2. Approved with minor revisions	() Course number () Title
_____ 3. Disapproved	() Catalogue description () Prerequisites
_____ 4. Tabled	() Rationale () Course outline
	() Student learning outcomes () Modes of instruction
	() Evaluation () Bibliography
	() other: _____

Curriculum Committee Chair Date

GRADUATE COUNCIL ACTION

VOTE: _____ APPROVAL _____ DISAPPROVAL _____ TABLED DATE _____

FINAL CHANGES COMPLETED (if required as a condition) _____ Yes _____ No

Curriculum Committee Chair Date

Submit the original and 13 copies to the Graduate Office.
An electronic copy of the proposal must be sent to Lisa Galvin (galvinl1@southernct.edu) to be posted on the Graduate School website.