

**GRADUATE COURSE PROPOSAL COVER SHEET** New Revision

Department \_\_\_\_\_ Date \_\_\_\_\_

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_ Academic Credits \_\_\_\_\_ Contact Hours \_\_\_\_\_

**Delivery Methods (check all that may apply):**

Online (100% of direct instruction time takes place online)

Hybrid (Direct instruction time includes any combination of online and onground instruction)

On ground (Direct instruction time predominantly takes place in a traditional classroom setting)

(Direct instruction time means the contact hours scheduled for the course to meet during the semester).

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 \_\_\_\_\_

Number of departmental graduate courses sometimes offered online \_\_\_\_\_.

% of degree program now possible to earn via online courses \_\_\_\_\_.

If this course is sometimes offered online, will it be possible for a student to earn 50% or more of their degree taking online courses? \_\_\_\_\_ yes \_\_\_\_\_ no

**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: <input type="checkbox"/> Course number <input type="checkbox"/> Title <input type="checkbox"/> Catalogue description <input type="checkbox"/> Prerequisites <input type="checkbox"/> Rationale <input type="checkbox"/> Course outline <input type="checkbox"/> Student learning outcomes <input type="checkbox"/> Modes of instruction <input type="checkbox"/> Evaluation <input type="checkbox"/> Bibliography <input type="checkbox"/> other: _____
_____ 2. Approved with minor revisions	
_____ 3. Disapproved	
_____ 4. Tabled	

\_\_\_\_\_  
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.