

COURSE CATALOG FORM

PLEASE COMPLETE THIS FORM TO PROPOSE A NEW COURSE OR TO CHANGE TO AN EXISTING COURSE.

SUBJECT CODE: _____ COURSE NUMBER: _____

PRE-REQUISITES: A COURSE(S) THAT **MUST** HAVE BEEN SUCCESSFULLY COMPLETED IN A **PRIOR SEMESTER**. **PRE-REQUISITE WITH *CONCURRENCY** IS A COURSE THAT **MAY** BE TAKEN WITHIN THE **SAME SEMESTER OR IN A PRIOR SEMESTER**.

SUBJECT	COURSE NUMBER	MINIMUM GRADE	AND / OR		CONCURRENCY *	
			AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO
_____	_____	_____	AND	OR	YES	NO

LIST ADDITIONAL PRE-REQUISITES NOT CAPTURED ABOVE BY COURSE FIELDS (EXAMPLE: HIGH SCHOOL EQUIVALENT WORK)

PRE-REQUISITES: _____

CO-REQUISITES: A COURSE THAT MUST BE TAKEN WITHIN THE SAME SEMESTER

SUBJECT	COURSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

EQUIVALENCIES: LIST ALL COURSES THAT ARE EQUIVALENT TO THE NEW OR CHANGED COURSE

SUBJECT	COURSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

COURSE RESTRICTIONS: PLEASE INDICATE SPECIFIC RESTRICTIONS. (Ex: COLLEGE RESTRICTION: AE, AS, BU, ED, AND HP)

- TERM _____
 CAMPUS _____
 COLLEGE _____
 MAJOR _____
 LEVEL _____
 CLASSIFICATION _____
 DEGREE _____
 PROGRAM _____

COURSE DESCRIPTION: _____

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COURSE RATIONALE: _____

LEARNING OBJECTIVES: (FOR EACH LEARNING OUTCOME, INDICATE ON THE SYLLABUS HOW IT WILL BE ASSESSED)

REQUIRED MATERIALS: _____

TECHNICAL REQUIREMENTS: _____

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SUBJECT CODE: _____ COURSE NUMBER _____

CHAIRPERSON SIGNATURE: _____ DATE: _____

ASSOCIATE DEAN SIGNATURE: _____

COLLEGE/SCHOOL CURRICULUM COMMITTEE: _____ DATE: _____

APPROVED FOR SCHEDULE AND COURSE CATALOG BY THE DEANS' COUNCIL

DYSON COLLEGE OF ARTS AND SCIENCES: _____ DATE: _____

LUBIN SCHOOL OF BUSINESS: _____ DATE: _____

SEIDENBERG SCHOOL OF COMPUTER SCIENCE: _____ DATE: _____

SCHOOL OF EDUCATION: _____ DATE: _____

COLLEGE OF HEALTH PROFESSIONS: _____ DATE: _____

LAW SCHOOL: _____ DATE: _____

***FACULTY COUNCIL COMMITTEE NEW YORK:** _____ DATE: _____

***FACULTY COUNCIL COMMITTEE PLEASANTVILLE:** _____ DATE: _____

PROVOST SIGNATURE: _____ DATE: _____

***ONLY REQUIRED IF CHANGES IN COURSE OFFERING CAUSES SIGNIFICANT CHANGE IN THE REQUIREMENTS OF AN EXISTING PROGRAM.**