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COURSE PROPOSAL FORM

Form Number

SELECT ONE PROPOSAL ACTION (Select One)

EFFECTIVE CATALOG YEAR: FALL

- NEW REVISION CANCELLED (no longer offered) MORATORIUM (not schedulable)

PROGRAM OR SCHOOL & DEPARTMENT

School:

- ALL UNIV A&H BPA NSME SSE EUD

Department:

Proposed by:

COURSE INFORMATION (required):

Course Title (Catalog Long Title):

Schedule Title (30 character space limit):

Subject Code:

Course Number:

Is the Course Number Being Reused?: YES NO

If YES - indicate the last term course was offered:

Course Unit Value:

(indicate if fixed credit units or variable credit units [provide range])

Course Description: (40 word limit. For course revisions insert course description from current University Catalog; use strikethrough and underline MS Word actions to delete text or add/revise details.)

Grade Basis:

- LETTER GRADED CR/NC CR/NC with RP FYS GRADED with RP REMEDIAL

Prerequisites/Co-requisites:

(Minimum grade requirement must be explicitly stated, if applicable. Include applicable equivalent course/test score prerequisites/co-requisites.)

NOTE: Prerequisites may be enforced at the Schedule Level. Department consent may be enforced at the Schedule Level.

PREVIOUS COURSE OFFERINGS

If this is a new course proposal, has this course been offered previously with a different subject/course number?

YES NO

If YES, indicate the Last Term Offered: _____, Year: _____ and Course ID: _____

COURSE EQUIVALENCY

Is this course equivalent to other course(s): YES NO

If YES, list all of the course(s):

COURSE REPETITION *(must include repeat and maximum unit limit details in course description):*

Repeatable for Credit?: YES NO

Allow multiple enrollments in the same term?: YES NO

Repeatable under different topics?: YES NO

Maximum repeatable units allowed?:

Maximum repeatable amount of times?:

COURSE TYPE & DELIVERY MODE https://www.csub.edu/academicprograms/files/Course_Classification_CS_Numbers.pdf

ACTIVITY CLINICAL INDEPENDENT STUDY LECTURE LAB SEMINAR SUPERVISION
 THESIS TUTORIAL OTHER

Unit Split for Two Component Course Type:

Lecture: Units & Activity: Units Lecture: Units & Lab Units Lecture: Units & Clinical Units Lecture: Units Units & Discussion: Units Lecture: Units & Seminar Units

FACE-TO-FACE FULLY ONLINE HYBRID INDEPENDENT STUDY ITV

CROSS-LISTING

Is this course cross-listed with another subject/course?: YES NO

If YES – indicate the cross-listed course(s):

COURSE ATTRIBUTES [Click here for course attributes list:](#)

List all applicable course attributes:

GENERAL EDUCATION (GE) COURSE CONSIDERATION

Is This a GE Course? YES NO
(If YES, [Submit GE Course Form to GECCO for Review and Approval](#))

Select All Applicable GE Categories:

FYS A1 A2 A3 B1 B2 B3 B4 AI GOVT AI HIST C1 C2
 D/SEM F SELF JYDR THM Q THM R THM S UDB UDC UDD CAPSTONE

RATIONALE FOR COURSE PROPOSAL *(required)*:

List Rational for Course Proposal:

IMPACT OF COURSE PROPOSAL ON OTHER COURSE OFFERINGS *(required)*:

What is the impact of this course proposal on course offerings from other department(s) or programs?
Please include supporting emails with this proposal.

IMPACT OF COURSE PROPOSAL ON DEGREE(S) *(required)*:

Is This Course a Degree Requirement/Elective? YES NO
If yes, submit a current/degree proposal form together with this course proposal form.
Indicate below which major, minor and other areas this course will be added:

NEXT STEPS:

- Attach syllabus to this proposal
- Attach current/degree proposal form to this proposal (if applicable)
- Submit to department/program curriculum committee for review & approval
- Department submits to school curriculum committee for review & approval
- School/program curriculum committee submits related forms to GECCo (if applicable)
- If no additional approvals required are required, school/program curriculum committee submits to Academic Operations after all final approvals have been recorded. [See Annual Catalog & Curriculum Deadlines Dates](#)

SCHOOL/PROGRAM COMMITTEE & OTHER APPROVALS:

Department Chair/Program Director:	Date:
School/Program Curriculum Committee Chair:	Date:
Dean of School:	Date:
Director of GE:	Date:
Director of Academic Operations:	Date:

ACADEMIC OPERATIONS USE ONLY:

Effective Term:	Catalog Year:
Comments:	
Course ID:	Enrollment Requirement Group:
Updated Academic Requirements Page:	
Updated Academic Road Maps:	
Updated Program Plan Mapper:	
Articulation Office Notified:	