

5-3-2012

SR-11-12-(27) 65 CC

Marshall University

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**CURRICULUM COMMITTEE  
RECOMMENDATION**

**SR-11-12-(27) 65 CC**

Recommends approval of the requested revisions to the following forms as per the attached:  
Request for Undergraduate Course Addition, Request for Undergraduate Course Change, and the  
Request for Undergraduate Course Deletion.

**RATIONALE:**

The forms are being modified to better suit the approval process of the university Curriculum Committee. Many things have changed in the last two years, including the need for General Education Council approval; therefore, the forms include required elements for the GEC, have had the Librarian signature removed, and an area added to the course change form to designate a change in grading mode.

**FACULTY SENATE CHAIR:**

APPROVED BY THE  
FACULTY SENATE: *Tom Danner* DATE: *5/3/12*

DISAPPROVED BY THE  
FACULTY SENATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**UNIVERSITY PRESIDENT:**  
APPROVED: *[Signature]* DATE: *5/12/12*

DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Request for Undergraduate Course Addition

1. Prepare one paper copy and obtain signatures from the Department Chair/Division Head, Registrar and College Dean.
2. Submit the form to your College Curriculum Committee.
3. After obtaining the signature of the College Curriculum Chair, send the paper copy to the current University Curriculum Committee Chair
4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in a single PDF file (PDF Portfolio recommended) to UCC chair.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**NEW COURSE DATA:**

Course Title: _____ (Limit of 30 characters & spaces.)	
Alpha Designator/Number: _____	
General Education Designator(s) (check all that apply): <input type="checkbox"/> CT <input type="checkbox"/> INTL <input type="checkbox"/> MC <input type="checkbox"/> Core II (Core II type: _____)	
<b>Note: Applications for Gen Ed attributes must be attached.</b> <a href="http://www.marshall.edu/wpmu/gened/core-ii-courses-info/">http://www.marshall.edu/wpmu/gened/core-ii-courses-info/</a>	
Catalog Description (Limit of 30 words): _____	
Co-requisite(s): _____	First Term to be Offered: _____
Prerequisite(s): _____	Credit Hours: _____
Grading Mode: Graded: _____ Credit/No Credit: _____	
Course(s) being deleted in place of this addition (must submit course deletion form): _____	

**CHECKLIST/REQUIREMENTS**

1. After completing this two page form in its entirety, include a complete syllabus and route through the departments/committees below.
2. A complete syllabus can be from when this course was previously taught as a special topics course or by creating a new, intended syllabus to use with the course. The sample syllabus must at a minimum address the following areas:
  - a. COURSE OBJECTIVES, COURSE OUTLINE, SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLICATION DATE, INSTRUCTIONAL METHODS (Lecture, Lab, Internship, Practicum, etc.), and EVALUATION METHODS (Unit/Chapter, Midterm, Final, Projects, etc.)
3. If this course will replace a course that is required by another department, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
4. If this course will be similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.

**SIGNATURES:** (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
General Education Council Chair *: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science _____	Date: _____

\* - Signature necessary only if course is to be Core Curriculum Course

**Request for Undergraduate Course Addition - Page 2**  
**Additional Information Required for Undergraduate Course Addition**

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_

Provide complete information regarding the new course addition for each topic listed below. Before routing this form, a complete syllabus also must be attached addressing the items listed on the first page of this form.

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1. Identify by name the faculty in your department/division who may teach this course.
  
2. If your department/division requires additional faculty, equipment, or specialized materials, attach an estimation of money and time required to secure these items.
  
3. If this course will be required by a department/division other than your own, identify by name.
  
4. If there are any agreements required to provide clinical experience, attach details and signed agreements.
  
5. If library resources are deemed inadequate, attach a plan to overcome this. The plan must include the cost as stated by the Dean of Libraries.
  
6. EQUIPMENT/SUPPLIES NEEDED TO TEACH THIS COURSE (this does not refer to additional equipment/supplies that need to be purchased; simply what materials are needed in order to teach this course successfully.):
  
7. ADDITIONAL GRADUATE REQUIREMENTS IF LISTED AS AN UNDERGRADUATE OR GRADUATE COURSE (please also submit to Graduate Council course addition for 5xx graduate component):
  
8. PROVIDE A COMPLETE BIBLIOGRAPHY INCLUDING ALL PUBLICATIONS RESEARCHED TO CREATE THIS COURSE AND WHAT PUBLICATIONS MAY BE BENEFICIAL TO STUDENTS TAKING THIS COURSE (separate page).

## Request for Undergraduate Course Change

1. Prepare one paper copy and obtain signatures from the Department Chair/Division Head, Registrar and College Dean.
2. Submit the form to your College Curriculum Committee.
3. After obtaining the signature of the College Curriculum Chair, send the paper copy to the current University Curriculum Committee Chair
4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in a single PDF file (PDF Portfolio recommended) to UCC chair.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Current Alpha Designator/Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT COURSE DATA:**

Course Title (Current Title within Banner): \_\_\_\_\_

Alpha Designator/Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Term for which changes will be effective (Fill in with appropriate calendar year.):  
 Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Other \_\_\_\_\_

**CHECKLIST/QUESTIONS:**

1. Complete this **three** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator (see accompanying note to the section on the next page), course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*):  
 \_\_\_\_\_
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.
6. If library resources are deemed inadequate, include in the rationale a plan to overcome this. The plan must include the cost as stated by the Dean of Libraries.

**SIGNATURES:** (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
General Education Council Chair *: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science _____	Date: _____

\* - Signature necessary only if course is to be Core Curriculum Course

**Request for Undergraduate Course Change – Page 2**  
**Additional Information Required for Undergraduate Course Change**

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Current Alpha Designator/Number: \_\_\_\_\_

**Change in COURSE TITLE:** \_\_\_\_ Yes \_\_\_\_ No **NOTE:** If changing to Critical Thinking, you MUST reserve (CT) at the end of new title

From: \_\_\_\_\_

To: \_\_\_\_\_ (Limited to 30 characters and spaces.)

**Change in ALPHA DESIGNATOR:** \_\_\_\_ Yes \_\_\_\_ No

From: \_\_\_\_\_ To: \_\_\_\_\_

**Change in COURSE NUMBER:** \_\_\_\_ Yes \_\_\_\_ No

From: \_\_\_\_\_ To: \_\_\_\_\_

**Change in GRADING MODE (Graded or Credit/No Credit):** \_\_\_\_ Yes \_\_\_\_ No

From: \_\_\_\_\_ To: \_\_\_\_\_

**Change in CREDIT HOURS:** \_\_\_\_ Yes \_\_\_\_ No

(A change in credit hours requires documentation that specifies the work requirements have been adjusted accordingly.)

From: \_\_\_\_\_ To: \_\_\_\_\_

**Addition of GENERAL EDUCATION ATTRIBUTES:** \_\_\_\_ Yes \_\_\_\_ No

From: \_\_\_\_\_ To (check all that apply):  CT  INTL  MC  Core II (Core II type: \_\_\_\_\_)

**Note: Applications for Gen Ed attributes must be attached.** <http://www.marshall.edu/wpmu/gened/core-ii-courses-info/>

**Change in CATALOG DESCRIPTION:** \_\_\_\_ Yes \_\_\_\_ No

(Limit of 30 words. If change is substantial, document in the rationale. If change is minor, simply show the change below.)

From:

To:

**Request for Undergraduate Course Change – Page 3**  
**Additional Information Required for Undergraduate Course Change**

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Current Alpha Designator/Number: \_\_\_\_\_

Define the rationale for EACH type of change here. *NOTE: If major change in content, please consider creating a new course.*

[Empty box for providing rationale for course changes]

## Request for Undergraduate Course Deletion

1. Prepare one paper copy and obtain signatures from the Department Chair/Division Head, Registrar and College Dean.
2. Submit the form to your College Curriculum Committee.
3. After obtaining the signature of the College Curriculum Chair, send the paper copy to the current University Curriculum Committee Chair.
4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in a single PDF file (PDF Portfolio recommended) to UCC chair.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT COURSE DATA:**

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

Alpha Designator/Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Rationale:

  
  

Last term course is to be offered (Fill in with appropriate calendar year.):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Other \_\_\_\_\_

Course being added in place of this deletion (if any): \_\_\_\_\_

**NOTIFICATION REQUIREMENTS:**

Attach a copy of written notification regarding this deletion to the following:

1. Other departments/divisions who advise students to enroll in this course as a prerequisite or co-requisite.
2. Other departments/divisions who advise students to enroll in this course as an approved elective.
3. Other departments/divisions that require this course as part of their curriculum.

**SIGNATURES:** (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science _____	Date: _____