

12-13-2007

SR-07-08-(12) 43 CC

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**CURRICULUM COMMITTEE  
RECOMMENDATION**

**SR-07-08-(12) 43 CC**

Recommends approval of the formatting changes to the attached .PDF curricular forms — Undergraduate Course Addition, Undergraduate Course Deletion, Undergraduate Course Change, Request for Undergraduate Addition-Deletion-or Change of an Area of Emphasis, Request for Undergraduate Addition-Deletion-or Change of a Certificate Program, Request for Undergraduate Addition-Deletion-or Change of a Minor, and Request for Undergraduate Addition-Deletion-or Change of a Major.

**RATIONALE:**

The Curriculum Committee has reviewed and discussed the forms and recommends the following formatting changes in preparation for making this a complete online process.

**FACULTY SENATE CHAIR:**

APPROVED BY THE  
FACULTY SENATE: Larry Stiebler DATE: 12/13/2007

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

**UNIVERSITY PRESIDENT:**

APPROVED: [Signature] DATE: 12/17/07

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

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

## Request for Undergraduate Course Addition

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_ Alpha Designator/Number: \_\_\_\_\_ Graded: \_\_\_\_\_ CR/NC: \_\_\_\_\_

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

**NEW COURSE DATA:**

New Course Title: _____	
Alpha Designator/Number: _____	
Title Abbreviation: _____ (Limit of 25 characters and spaces.)	
Course Description (Limit of 30 words):  _____	
Co-requisite(s): _____	First Term to be Offered: _____
Prerequisite(s): _____	Credit Hours: _____
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
  - b. COURSE OUTLINE
  - c. SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLICATION DATE
  - d. INSTRUCTIONAL METHODS (Lecture, Lab, Internship, Practicum, etc...)
  - e. 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.
5. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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



## Request for Undergraduate Course Deletion

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

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.
4. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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

## Request for Undergraduate Course Change

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

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

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

### CURRENT COURSE DATA:

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

Catalog Title Abbreviation: \_\_\_\_\_

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.
7. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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

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

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

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

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

To: \_\_\_\_\_ (Limit of 25 characters and spaces.)

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

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

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

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

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

**Change in CONTENT:** \_\_\_\_\_ 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:

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

**Rationale for changes:**

[Empty box for providing rationale for changes]



## Request for Undergraduate Addition, Deletion, or Change of an Area of Emphasis

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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

**ACTION REQUESTED:**

Check action requested:    _____ Addition        _____ Deletion        _____ Change
Name of Area of Emphasis: _____
Within which Major is/will this Area of Emphasis be listed (please provide code as well): _____

**RATIONALE:**

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

**NOTIFICATION REQUIREMENTS:**

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

1. **Statement of Non-Duplication:** If this area of emphasis will be similar in title or content to an existing area of emphasis at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
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. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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

## Request for Undergraduate Addition, Deletion, or Change of a Certificate Program

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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

**ACTION REQUESTED:**

Check action requested: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change
Name of Certificate Program (provide code if this is an existing program): _____

**RATIONALE:**

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

**NOTIFICATION REQUIREMENTS:**

- Attach a copy of written notification regarding this curriculum request to the following:
1. **Statement of Non-Duplication:** If this certificate program will be similar in title or content to an existing certificate program at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
  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. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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

## Request for Undergraduate Addition, Deletion, or Change of a Minor

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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

**ACTION REQUESTED:**

Check action requested: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change
Name of Minor: _____
Within which Major is/will this minor be listed (please provide code as well): _____

**RATIONALE:**

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

**NOTIFICATION REQUIREMENTS:**

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

1. **Statement of Non-Duplication:** If this minor will be similar in title or content to an existing minor at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
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. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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

## Request for Undergraduate Addition, Deletion, or Change of a Major

Prepare one paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send one identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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

**ACTION REQUESTED:**

Check action requested: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change
Name of Major (provide code if this is an existing major): _____

**RATIONALE:**

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

**NOTIFICATION REQUIREMENTS:**

- Attach a copy of written notification regarding this curriculum request to the following:
1. **Statement of Non-Duplication:** If this major will be similar in title or content to an existing major at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
  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. Send a copy of this completed form to the Marshall University Catalog Editor.

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

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