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CURRICULUM COMMITTEE
RECOMMENDATION

SR-09-10-(15) 61 CC

Recommends approval of the revisions to add General Education Council Chair to the Signatures area of the attached forms, Request for Undergraduate Course Addition and Request for Undergraduate Course Change.

RATIONALE:

The signature line is being added to show approval for those courses that will be Core Curriculum courses and that have been reviewed by the General Education Council to ensure they meet the established criteria.

FACULTY SENATE CHAIR:

APPROVED BY THE FACULTY SENATE: [Signature] DATE: 1/14/09

DISAPPROVED BY THE FACULTY SENATE: __________________________________ DATE: _____________

UNIVERSITY PRESIDENT:

APPROVED: __________________________________ DATE: 11/3/10

DISAPPROVED: __________________________________ DATE: _____________

COMMENTS: ____________________________________________________________

__________________________________________________________

__________________________________________________________
Request for Undergraduate Course Addition

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Librarian, 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 Bruce Bodkin in the Faculty Senate office. 4. Send an identical (same signature) ELECTRONIC COPY and all supporting documentation in PDF format by email to bulbck@marshall.edu.

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 30 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: ________________
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

University Curriculum Committee - Course Addition Form

Revised 01/01/2009
Request for Undergraduate Course Change

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Division, and College Dean. 2. Submit the form to your College Curriculum Committee. 3. After attaining the signature of the College Curriculum Chair, send the paper copy to Service Bulletin in the Faculty Senate office. 4. Send an identical (same signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to bullock@marshall.edu.

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

CURRENT COURSE DATA:

Full Course Title: ____________________
Catalog Title Abbreviation: ____________________ Credit Hours: ____________________
Alpha Designator/Number: ____________________
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: ____________________
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
University Curriculum Committee - Course Change Form

Revised 11/22/2005