

Course Proposal/Revision Cover Sheet and Transmittal Record

Office of the Provost/Vice President for Academic Affairs – SUNY Plattsburgh

Agenda No _____

Date _____

Course Subject/Number _____

Course Title _____

Abbreviated Title (29 spaces maximum) _____

Department, Center, or Program _____

Chair, Director, or Coordinator _____

Faculty Proposer _____

Create Course

First semester offered winter spring summer fall year: _____

Frequency of course (e.g. fall, spring) _____
Number of credit hours: minimum _____ maximum _____ credit hours vary Yes No

May this course be repeated for credit? Yes. For how many total credits? _____ No

Does this course qualify for liberal arts status? Yes No Course title varies: _____ Yes No

Submitted for AWR approval Yes, date submitted: _____ No

Submitted for GE review Yes, date submitted: _____ Category: _____ No

Cross-list with another course: Yes, date submitted: _____ Course: _____ No

Applies to teacher certification: Yes No Experimental: Yes No

Schedule Type (check all that apply):

- | | | | | |
|--------------------------------------|---|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> lecture | <input type="checkbox"/> seminar | <input type="checkbox"/> student teaching | <input type="checkbox"/> internship | <input type="checkbox"/> off-campus |
| <input type="checkbox"/> lab | <input type="checkbox"/> recitation | <input type="checkbox"/> independent study | <input type="checkbox"/> self-paced | <input type="checkbox"/> workshop |
| <input type="checkbox"/> online 100% | <input type="checkbox"/> practicum | <input type="checkbox"/> tutorial | <input type="checkbox"/> activity | <input type="checkbox"/> clinical |
| <input type="checkbox"/> hybrid | <input type="checkbox"/> field experience | <input type="checkbox"/> studio | | |

Credit Type Code (check one):

- course used to meet degree requirements developmental course non-credit course

Facility Type Code (check one most desirable):

- classroom group lab, studio, or computer classroom physical ed facility
 lecture hall (for 100+) none (Web, internship, independent study) other

Revise Course

NOTE: Revisions to previously approved GE and AWR courses must be submitted to respective committees for review.

Course subject/number From _____ To _____

Title From _____

To _____

Credit hours From _____ To _____

Prerequisites From _____

To _____

Corequisites From _____ To _____

Course outline/objectives (attach) Yes No Course bibliography Yes No

Course Description Yes No

Other Describe: _____

Make Course Dormant

Delete Course

For all above course activity:

- Does the above course activity affect any major/minor program requirements? Yes No
- If yes, list program(s) and how the course will be used (or attach a copy of the SZC100A course report if applicable):

- Have chairpersons of other programs been notified of this course creation, revision, dormancy, or deletion? Yes No

NOTE: Programs affected by this course creation, revision, dormancy, or deletion will not be revised without the official Program Proposal/Revision form.

Transmittal Record:	Signature	Approved?	Date of Action
Departmental Approval	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Course & Program Committee	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
VPAA	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Catalog Year _____

VPAA/2008

1. Describe the need for the proposed course, rationale for the revision of an existing course, or reason for course dormancy or deletion.

2. How will the course relate to other departmental courses and fit with the program(s) concerned (i.e., major requirement, cognate requirement, elective, etc.)?

3. Is this course part of a sequence? Yes (If yes, describe below) No

4. Will an existing course be deleted or made dormant in connection with this proposal/revision? Yes No

If yes, list course: _____

(A separate *Course Proposal/Revision* form must be submitted to make this course dormant or to delete this course.)

For New Courses: List name and department of outline preparer and date of departmental approval; attach an outline that includes course subject, number, and title; course description with prerequisites and corequisites (brief and descriptive; include special/unique features; add liberal arts notation to description if applicable); number of credit and contact hours; course objectives (stated in terms of changes in the student's knowledge, understanding and performance); the specific program, general education, and/or college-wide student outcomes the course will help students achieve; course content; and selected, one-page bibliography. Forward the completed Course Proposal/Revision form and all necessary attachments to the respective dean.

For Revised Courses: List name and department of outline preparer and date of departmental approval; attach a copy of the current course outline and the proposed new outline. The new outline should include all the information specified under "For New Courses." Use SZC100A to run a course report for the relevant course and attach this report to the *Course Proposal/Revision* form (SCZ100A lists current course information existing in the database, including course attributes and course usage by CAPP--major and minor programs).

VPAA Processing Record Only:

SYOPLOG C&P Tracking Log: _____

STVSUBJ	[]
SCACRSE	[]
SCASYLB	[]
SCADETL	[]
SZC100A/CAPP	[]

Additional notes: