

Request for Graduate Course Approval or Revision

Add new course: complete all sections noted with an asterisk * (and other sections as applicable)

Revise an existing course: provide the course number, title, effective date, and revised information

Add a topic: provide the course number, title, effective date, and new course topic only

Activate/Inactivate a course: provide the course number, title, effective date, and any revised information if necessary.

Department / Course Number: Dept Alpha / Course #

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Spring Deadlines
 10/1 –Revisions 11/1 – Topics & New Courses

Summer/Fall Deadlines
 3/1 - Revisions 4/1– Topics & New Courses

- Add New Course Course Revision Activate Course Inactivate Course Add Topic

Catalog Data

*Effective Date: Fall = 8/25/20___ Spring = 01/01/20 ___ Summer = 05/25/20 ___

*Title: _____

***Course Description:**

For all new courses/description revisions, attach wording as it will appear in the Graduate Bulletin. For all new courses, also email **electronic descriptions** separately to Graduate_Course_Catalog@notes.cc.sunysb.edu

Semesters Offered: Fall Spring Summer

*Min. Credit Hours: _____ *Max. Credit Hours: _____

*Grading: ABCF S/U

*Repeat for Credit: Yes No Limited (please specify) _____
 Multiple enrollments in term

*Consent: None Departmental Consent Instructor Consent

*Campus: West HSC Hospital Manhattan Off Campus Southampton

Approved Topics: _____

Prerequisite or Co-requisite (Enforced requisites only) _____

*Components: Laboratory Lecture Recitation Seminar Supervision Tutorial

*Final Exam: Yes No Last Class **Enrollment Limit:** _____

*Will this course require new resources outside those already in or to be generated by the department?

*Briefly state the reason for course addition and into which graduate program(s) it will fit. (Attach a statement)

All revisions and new topic requests must be **emailed** to Graduate_Course_Catalog@notes.cc.sunysb.edu with GPD copied

Contact Name: _____ Phone: _____
 Graduate Program Director: _____ Date: _____

Required for new courses only: New course requests must be submitted in **hard copy** to Graduate School with signatures

Department or Program Chair Approval: _____ Date: _____
 Divisional Dean Approval: _____ Date: _____

Graduate School use only:

Associate Dean Approval: _____ Date: _____
 Processed By: _____ Date: _____
 Assigned Course # _____ Copy for Dept: Logged: Roll: Assoc. Revised 3/29/2011