**University of Colorado at Boulder**

**GRADUATE COURSE PROPOSAL FORM**

*Complete this form for each course that is brand new to the SIS Course Inventory.*
*(Use the Course Revision Form for a course with a new title or course number, a revision to a course description, change in credit hours, or closure of a course).*

. Initially to be offered _____ *Catalog Year (each catalog year consists of 3 terms: summer-fall-spring)*
. College or Schoo1 _____ Department _____ Course Number _____
Cross listing_____
(must include endorsement from cross listed unit)

1. Full Course Title

2. Course Title for SIS (*24 characters only)*

3. Activity type *(check one):* ____ Lecture only ____ Lecture/Recitation ____ Lecture/Lab
____Main Lab Section ____ Seminar ____ Practicum ____ Internship
____Studio ____ other *(be specific)* _____
4. Anticipated enrollment number in each activity type, *e.g.*, 120 Lec, 30 Lab:
5. Number of Credit hours Fixed: _____ Variable, From: _____ to _____
6. Pass/Fail only: ___Yes ___No
7. Prerequisites Required: _____ Recommended:
_____
8. *For Course Inventory, prerequisites and restrictions will appear on line 80 of screen 135, which may be flagged to print in the Schedule of Courses. If prerequisites or restrictions are not to be enforced, but are merely to serve as a recommendation, please mark them "not coded." If they are to be enforced, please mark them as "coded. " They will then be additionally entered on screens 141 and 142.*

Prerequisites: Course #_____ Screen 141 ___coded ___not coded

Restrictions: _____ Screen 142 ___coded ___not coded

9. Repeatable for credit (*circle one if applicable):* ____ Degree ____ Term
Maximum hours: _____

10. Core Coding
Core Curriculum course? ____Yes ____No If yes, core code: _____
Required for major of sponsoring department? ____Yes ____No
If yes, which major? _____
Title of requirement that should include this course: _____
Catalog year change is to take effect in the degree audit: _____
11. Catalog description. *(Begin with a verb and limit to 60 words.)*

**Please print and sign your name**_____
**Sequence of Action Taken:**
Request prepared by_____ Date_____

**Approved by:**
Department_____ Date_____
College Committee _____ Date_____
Dean of College Date_____
Graduate Schoo1 _____ Date_____
**Inventory Updated:**
**125/126/129/135/141/142** _____ _____

## PART II: RATIONALE FOR OFFERING THE COURSE

12. Why should this course be offered? How does this course fit in with the existing curriculum? If it is necessary to offer the course as a double-listed (4000/5000) course, justify offering it in this format rather than as a 5000-level or above course [see item #16 below].

Was this course reviewed by a committee in the department? _____ Yes _____ No

Please provide contact name: _____

## PART III: TOPICAL OUTLINE OF THE COURSE

13. List under major and minor headings the principal topics covered in this course and the approximate number of class hours devoted to each topic. Please be specific and inclusive (you may attach separate pages).

14. Required Readings (provide complete bibliographic information with publication dates, course syllabus and sample reading assignments).

Texts:

Journals:

Other Sources:

15. Kinds of work required of students in this course. Specify weightings (%) of each type of assignment or work required in determining students' grades.

16. If this course is double-listed with an undergraduate course, indicate the work or assignments included in item #15 above, which will not be required of undergraduate students. Please provide details on the course work requirements of graduate students as opposed to undergrad students.

## PART IV: JUSTIFICATION OF OVERLAP

17. If there is substantial overlapping of content of the proposed course with an existing course, either in your department or another department, justify the overlap and attach a letter from the other concerned department verifying agreement that overlap is justified.

    Overlapping course(s):

    Justification of overlap:

18. Remarks: Add any explanations or additional information that you believe would be helpful in the appraisal of this course proposal.

**Note: Curriculum committee approval of this course does not assure allocation of space, supplies, and staffing needs. Return to: Course Inventory, Office of the Registrar, Regent 105, Campus Box 20, 2-4570. For Questions regarding the Graduate School Curriculum Committee, please contact Lisa Kippur at 2-2890, lisa.kippur@colorado.edu.**