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| COURSE PROPOSAL / INVENTORY |
| Graduate School / Registrar’s Office |
|  |
| **Check One**: | New Course |  | **Course Change/Revision** |  | **Section Number** |  |
|  |  |  |  |  |  |
| School: | GRAD | Program Prefix: |  | Course Number: |  | Credit Hrs: |  |
| (i.e., Dent, Grad, Med, Nurs, Pharm) | If variable, indicate 1-3, 1-10, etc. |
| Repeatable for Credit: |  | within term |  | w/i degree program, but not w/i term Max Rpt Hrs |  |
| Course Title:  |  |
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| First Term and Year Offered: |  |  | Previous Dept. and Course Number:  |  |
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| **Course Level:**  |  |  | **Special Grading:** |  |
|  **(i.e., BS, MS, PhD, MD, PhrmD, etc.)** |  |  **(i.e., Letter Grade, Pass/Fail, No Grade)** |
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| **TERM(S) OFFERED (Check all that apply)** |  | **CONTACT HOURS PER WEEK** |
|  | Summer Semester |  |  |  |  | Lecture |  | Recitation/Discussion |
|  | Fall Semester |  |  |  |  | Laboratory |  | Practicum |
|  | Spring Semester |  |  |  |  | Independent Study |  | Workshop |
|  |  |  |  |  |  | Clinical |  | Internship |
| Is there a web component to this course? |  |  | Dissertation/Thesis |  | Seminar |
| Yes | ( |  | 100% or |  | Partial) No |  |  |  | **NUMBER OF WEEKS** |  |  |
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| **Crosslisted Course (Dept. & Course Number):** |  |
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| Minimum Enrollment: |  |  | Maximum Enrollment: |  |  |
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| **Prerequisites (Dept.** **& Course Number):** |  |  |
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| **Corequisites (Dept. & Course Number):** |  |  |
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| **Course restrictions:** |  |  |
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| **Primary Instructor:** |  |  | **Dept. Representative:** |  |
|  **PeopleSoft #:** |  |  |  |  |
| **Other Instructors:** |  |  | **Telephone Ext.:** |  |
|  **PeopleSoft #:** |  | **Campus Box:** |  |
| **Other Instructors:** |  |  |  |
|  **PeopleSoft #:** |  |  |  |
| **Course description for Course Book (*please limit to 40 words*):** |
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# Additional information need for course proposal:

1. List the objectives of the course.

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2. Why should this course be offered and how does it fit into the curriculum of your program?

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3. Provide a topical outline of the course contents. (If this is a change / revision to an existing course, specify the nature of the change or reorganization.)

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4. Provide a list of required readings and bibliography associated with the course content.

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5. Specify the kinds of work required of the students in this course, including the methods you intend to use to evaluate student performance.

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6. What changes (if any) will be made by your program to facilitate the offering of this course (e.g., deletion of a previous course, additional faculty, etc.)?

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| 7. Does this course overlap or duplicate any other graduate course at UCDenver? | Yes |  | No |  |

If it does, please indicate the reasons why the overlap or duplication is justified.

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8. Will this course require any special resources (classroom, laboratory, library holdings, electronic

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| transmission, etc.)? | Yes |  | No |  |  | If so, please explain.  |

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**Return this proposal to the Graduate School Campus Mail Stop C296**

**If you have questions, please call Milinda Walker 303 724-2911, Graduate School**

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| **================================================================================** |
| **Approved by Program Director** |  | Date: |  |
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| **Approved by Curriculum Committee** |  | Date: |  |
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| **Approved by Dean** |  | **Date:** |  |