

New Jersey City University

REQUEST FOR COURSE APPROVAL/CHANGE

Abbreviated Course Title: (30 characters Maximum): _____

Full Course Title: _____

Type of Approval Sought: _____ Permanent _____ Temporary (specify semester)
Delete from Catalog _____ Other (specify below)
Change in Existing Course (specify change): _____

Department(s)/Academic Unit(s) of Origin: _____

Credit/Semester Hours: _____ Prerequisite(s): _____

Type of Course (check all that apply):
Graduate: 600 level _____ 500 level _____ Undergraduate _____
Academic Foundations: _____ General Studies Area (if applicable): _____
Major: _____ required _____ elective Minor: _____ required _____ elective
Interdisciplinary Program: _____ required _____ elective

Faculty Member(s) Initiating Course/Change: _____

Approval Recommended:

Chair, Department Curriculum Committee _____ Date _____

Chair, Department/Academic Unit _____ Date _____

Chairperson(s) Consulted, Department(s)/Academic Units: _____ Date _____
(Courses that cross departmental/unit lines must be submitted to other chair(s) for consultation before submitting to the dean(s).

Dean, College of Course Origin _____ Date _____

Chair, Senate Curriculum and Instruction Committee OR _____ Date _____
Chair, Senate Graduate Studies Committee

For Notification Purposes:
Dean: _____ Date: _____
Dean: _____ Date: _____
Dean: _____ Date: _____
Dir. Grad. Studies: _____ Date: _____
Registrar: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

Course Number: _____

SEE COURSE PROPOSAL GUIDELINES