REVISED FORM APPROVED BY UNIVERSITY SENATE AND SACC, MAY 2014 AND BOARD OF TRUSTEES, JUNE 2014

New Jersey City University

REQUEST FOR PERMANENT COURSE APPROVAL OR COURSE CHANGE

FULL COURSE TITLE: _____

Abbreviated Course Title (30 characters maximum) _____

Type of Approval Sought:

New Course _____ Delete from Catalog _____ Change in Existing Course (specify change): _____

Other _____ Please specify: _____

Faculty Member(s) Initiating the Course or Course Change: _____

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

Student Credit/Semester Hours _____ **Prerequisite(s)** _____

Type of Course (check all that apply in parts 1 & 2)**:**

1 UNDERGRADUATE: _____ GRADUATE: _____

90 _____ 100 _____ 200 _____ 300 _____ 400 _____ 500 _____ 600 _____ 700 _____ 800 _____ 900 _____

2 Academic Foundations: _____ General Education Tier: _____

General Education Mode(s) of Inquiry: _____

Major: Required _____ Elective _____ Minor: Required _____ Elective _____

Interdisciplinary Program: Required _____ Elective _____

Component Workload Hours: Lecture _____ Lab _____ Studio _____

APPROVAL RECOMMENDED

Chair, Department Curriculum Committee	Date
Chair, Department or Academic Unit	Date
Chairperson(s) Consulted, Department(s) or Academic Unit(s) Courses that cross departmental/unit lines must be submitted to other chair(s) for consultation before submitting to the dean(s)	Date
Chair, College Curriculum Committee	Date
Dean, College of Course Origin	Date
Chair, General Education Curriculum Committee (for General Education courses only)	Date
Chair, Senate Curriculum and Instruction Committee or Chair, Senate Graduate Studies Committee	Date
Provost	Date

COURSE NUMBER: _____ **FACULTY WORKLOAD:** _____

Number assigned by Registrar Assigned by Provost

NOTIFICATION

Dean, CAS	Date
Dean, COE	Date
Dean, CPS	Date
Dean, GS	Date
Library	Date
Registrar	Date