

## New/Revision Course Request Form

PROGRAM CHAIRS/DIRECTORS: EMAIL THIS FORM TO YOUR DEAN'S OFFICE  
DEAN'S OFFICE: EMAIL THIS FORM TO THE REGISTRAR'S OFFICE

FIELDS OUTLINED IN RED ARE REQUIRED

### COURSE INFORMATION

Subject/Course Number: \_\_\_\_\_ Course Type: UG GR Effective Catalog Year: Fall \_\_\_\_\_  
Long Course Title (100 character maximum, including spaces): \_\_\_\_\_

Short Course Title (30 character maximum, including spaces): \_\_\_\_\_

### CREDIT HOURS (SELECT ONE)

Total number of credit hours: \_\_\_\_\_

Range: \_\_\_\_\_ TO \_\_\_\_\_ credits OR \_\_\_\_\_ credits

Enter number of credits for at least one: Lecture: \_\_\_\_\_ Lab: \_\_\_\_\_ Other: \_\_\_\_\_

Enter Required Contact Hours per Semester: \_\_\_\_\_

Can this course be taken multiple times for additional credit? No Yes If yes, how many times? \_\_\_\_\_

### GRADE MODES (CHECK ALL THAT APPLY)

Standard Letter Pass/Fail

### SCHEDULE TYPE (CHECK ALL THAT APPLY)

Correspondence Course	Exam	Colloquium	Cooperative Education
Internship	Lab	Field Placements	Lab/Lecture
Studio	Research	Lecture	Simulation
Clinical	Workshop	Seminar	

### PRE AND CO REQUISITES

Co-requisite Course(s): \_\_\_\_\_

Prerequisite Course(s) SPECIFY MINIMUM PASSING GRADE: \_\_\_\_\_

Course Fees: \$\_\_\_\_\_ Flat Fee: \$\_\_\_\_\_ or per Credit Hour: \$\_\_\_\_\_

### RESTRICTIONS MUST SELECT AT LEAST "LEVEL" (CHECK ALL THAT APPLY)

Level: UG GR

Field of Study: Major : \_\_\_\_\_ Minor : \_\_\_\_\_

College (CHECK ALL THAT APPLY): AA AR BA ES HP LA NU

Department: \_\_\_\_\_

Class: Freshman Sophomore Junior Senior

### REPLACEMENT COURSE

Will this replace a previous course? No Yes

If yes, what course does it replace? \_\_\_\_\_ Are they: Equivalent or Mutually exclusive

Is this course a requirement or a new option within a specific degree/program? No Yes

\*\*If yes, please contact the Transfer Team to update Degree Evaluation 313-993-1940.

PROGRAM CHAIR/DIRECTOR SIGNATURE: \_\_\_\_\_ DEAN'S OFFICE SIGNATURE: \_\_\_\_\_