

University of Detroit Mercy New Course Request Form

Return form to FAC 80 – Office of the Registrar – Revised November 2, 2009

Course Number: _____ Course Type: UG GR PR Effective Term: _____

Long Course Title (100 character maximum, including spaces):

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

Number of Credit Hours Total: _____ OR Range of Credits (Variable credit courses only): ___TO/OR___

Credits for Lecture: _____

Credits for Lab: _____

Credits for Other: _____

Contact Hours per Week: _____

Can this course be repeated for credit: _____ If yes, how many repeats are allowed? _____

Grade Modes (Check all that apply):

Standard Letter _____

Audit _____

Pass/Fail _____

Schedule Type – Number in order all that might apply – Must choose at least one from each column

Schedule

Instructional Method

CLN – Clinical _____ OTH – Other _____

CLIN – Clinical _____

COP – Coop Education _____ SEM – Seminar _____

COOP – Cooperative Education _____

DIR – Directed Studies _____ STU – Studio _____

DIRE – Directed Research _____

EXA – Exam _____

EXAM – Exam _____

INT – Internship _____

HYBR – Hybrid _____

LAB – Lab _____

INTR – Internship _____

LEC – Lecture _____

ITV – Interactive Video _____

LEV – Lecture/Virtual _____

ONLN – Online _____

LL – Lab/Lecture _____

SEM – Seminar _____

LS – Lab/Simulation _____

TRAD – Traditional _____

LV – Lab/Virtual _____

VIRT – Virtual/Simulation _____

Meets Core Curriculum Objectives: Yes No List which Objective(s) this course fulfills: _____

Corequisite Course(s): _____

Prerequisite Course(s) with minimum passing grade: _____

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

Restrictions:

College _____

Major _____

Class (Senior, Junior) _____

Level (UG, GR, PR) _____

Degree _____

Program _____

Attach a Course Description

Approved by: _____

Email address can be used for signature.