**CURRICULUM PROPOSAL**

**APPROVAL PAGE**

**Proposal Title:**

**College:       Department:**

**DEPARTMENT CHAIR- Insert Department Chair Name**

**I have read the enclosed proposal and approve this proposal on behalf of the department.**

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**Signature Date**

**COLLEGE CURRICULUM COMMITTEE CHAIR - Insert Chair Name**

**I have read the enclosed documents and approve the proposal on behalf of the college curriculum committee.**

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**Signature Date**

**COLLEGE DEAN - Insert Dean Name**

**I have read the enclosed documents and approve the proposal on behalf of the college. I certify that the necessary funds will be allocated by the college in support of this proposal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

## CURRICULUM CHANGE MEMO

**Date:**

**From: Proposing Faculty Member, Department**

**Through: Chair, Department**

**Through: Dean, College**

**To: Chair, Undergraduate Curriculum Committee or Graduate Council**

**Proposal Title:**

**Select the proposal content (select as many as apply) and provide the rationale.**

**Content**

New program or  Program Change

Bachelor’s

Master’s

Doctoral/Professional

Certificate

Fast Track

Minor

Concentration/Track

New Course

Closure (program, certificate, minor, concentration)

Change

CIP Code

Program/certificate SCH

Course Title

Course Description

Graduate Program Admission Requirements

**Rationale**

**COURSE ADD**

**All fields below are required**

**Add additional Course Add forms as needed**

**College :       Department :**

**Effective Term :**

**Rationale for adding the course:**

**All fields below are required**

**Subject Prefix and #**

**Title (29 characters or fewer):**

**Dept. Administrative Code**:

[**CIP Code**](http://www.txhighereddata.org/Interactive/CIP/)

**Departmental Approval Required Yes No**

**Course Level UG GR DR SP**

**Course will be taught:  Face-to-Face  Online  Hybrid**

**Course minimum grade: if N leave blank, if Y provide grade**

* **How many times may course be repeated to satisfy minimum grade requirement?**

**How many times may the course be taken for credit? (Please indicate 1-9 times): 8**

**Should the course be exempt from the “Three Repeat Rule?” Yes No**

**Grading Mode: Standard Pass/Fail Audit**

**Description and 2-3 keywords (600 characters maximum):**

*(Keywords are for Facilitation of course searches and should be words not already included in course title or description)*

**Contact Hours (per week):    Lecture Hours    Lab Hours    Other**

**Types of Instruction (Schedule Type): Select all that apply**

**A Lecture  H Thesis**

**B Laboratory  I Dissertation**

**C Practicum  K Lecture/Lab Combined**

**D Seminar  O Discussion or Review (Study Skills)**

**E Independent Study  P Specialized Instruction**

**F Private Lesson  Q Student Teaching**

**Fields below if applicable**

**If course is taught during a part of term in addition to a full 16-week term please indicate the length of the course (ex., 8 weeks):**

**TCCN (Use for lower division courses) :**

|  |  |  |
| --- | --- | --- |
| Prerequisite(s): | | |
| Course Number/  Placement Test | **Minimum Grade Required/**  **Test Scores** | **Concurrent Enrollment Permitted? (Y/N)** |
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| Corequisite Course(s): |
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| Equivalent Course(s): |
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| Restrictions: | |
| Classification |  |
| Major |  |

*The curriculum office recommends consulting with other programs to determine whether there is significant overlap between the proposed course and any existing courses, especially when the course is part of an interdisciplinary program. Evidence of this consultation will facilitate the work of the curriculum committees.*

**Course Syllabus**

**Degree Plan**

*Copy and paste text (if applicable) and degree plan from catalog here*