

## Faculty Senate Course Form

Effective Date:

Submission Date:

Department: \_\_\_\_\_ College of:

Contact Person: \_\_\_\_\_

Course:

**Originating Department(s):** After completing this form, in its entirety, please upload it to the SharePoint, within the appropriate College folder, "Preliminary Legislation," to allow for review and questions. Any modifications should be saved as "original file name. v2.docx" and uploaded as well.

Following final College Curriculum Committee approval, please print the final version of this form, apply the appropriate signatures, and send to your College Admin.

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1. Purpose/Justification for a \_\_\_\_\_ to Course:
2. Is this related to, and/or affect, any other department/college/unit curricula or programs at Pittsburg State University? *Whether "Yes" or "No" response, please provide an explanation. Provide documentation of any discussions (e.g. copies of emails, memos, etc.) that have occurred.*
3. Will this course be required of any education majors?  
*If "yes," this requirement will need to have the approval of the Council for Teacher Education before upload to "Approved College Curriculum Legislation" in SharePoint.*
4. What additional costs will be required for revising this course (e.g. staffing, equipment, etc.)?
5. Are additional resources required (e.g. library or multimedia resources, technology, space, major expense etc.)? **Explain:**

7. Will any additional student fees be required (e.g. equipment, clothing, travel, licensing, etc.)?  
*If "yes," complete the Course Fee Form on the Provost's website, it will need to gain approval of the President's Council.*
8. Objectives/Student Learning Outcomes for NEW courses only, as it will appear in the syllabus:  
**Attach with upload.**
9. Assessment Strategies (e.g. exams, projects, university rubric, etc.), as it will appear in the syllabus:  
**Attach with upload.**

**Course Numbers cannot be changed, only created.**

	Existing	New/Proposed
Title:		
Course Number:		
Credits:		
Grading System:	A-F, IN                  IP                  P/F	A-F, IN                  IP                  P/F
Pre/Co-Requisite(s):		
Course Description		

# Authorization/Notification Sign-Off Sheet

-Approved: Department Chairperson

Date: \_\_\_\_\_ Signature, Chairperson: \_\_\_\_\_

-Approved: College Curriculum Committee

Date: \_\_\_\_\_ Signature, Committee Chair: \_\_\_\_\_

-Approved: Dean of College

Date: \_\_\_\_\_ Signature, Dean: \_\_\_\_\_

-Approved: Council for Teacher Education (if applicable)

Date: \_\_\_\_\_ Signature, Council Chair: \_\_\_\_\_

-Approved: University Undergraduate Curriculum Committee

Date: \_\_\_\_\_ Signature, Committee Chair: \_\_\_\_\_

-Approved: Faculty Senate

Date: \_\_\_\_\_ Signature, Recorder Faculty Senate: \_\_\_\_\_