

## Graduate Council Course Form

Effective Date:

Submission Date:

Department:

College of: Course

Contact Person:

Prefix:

Create New, Revise, Inactivate, or Reactivate:

Course #:

### Course Form:

- Used to create new course numbers or new prefixes.
- Used to change Name, Grading, Hours, Description, Reactivate
- Used to inactivate a course from the current catalog. Courses are never deleted. They are made inactive and can be legislated to become active again.

1. Purpose/Justification for the Changes:

2. Is this related to, and/or affect, any other department/college/unit curricula or programs at Pittsburg State University? *If "Yes", please provide an explanation. Provide documentation of any discussions (e.g. copies of emails, memos, etc.) that have occurred.*

Yes

No

3. Will this course be required of any education majors?

*If "yes," this requirement will need approval of the Council for Teacher Education before upload to " College Curriculum Legislation" in SharePoint.*

Yes

No

4. Will additional resources or costs be required?

Yes

No

If so, what will be needed?

5. Will any additional course fees be required (e.g. equipment, clothing, travel, licensing, etc.)?  
 If "yes," complete the Course Fee Form on the Faculty Senate website, it will need to gain approval of the President's Council.

Yes                      No

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

	Existing	New/Proposed
Title:		
Course Number:		
Credits:		
Grading System:		
Pre/Co-Requisite(s):		
Course Description:		

## Authorization Sign-Off

### Checklist

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Required fields completed.        |
| <input type="checkbox"/> | Syllabus attached for new courses |
| <input type="checkbox"/> | Assignment Strategies Attached    |

-Approved: Department Chair/Director

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

-Approved: College Curriculum Committee

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

-Approved: Dean of College

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

-Approved: Council for Teacher Education (if applicable)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

-Approved: Graduate Council Chair

Date: \_\_\_\_\_ Signature: \_\_\_\_\_