# **Graduate Council Course Form**

| Effective Date:                        | Submission Date:    |  |
|--|---------------------|--|
| Department:                            | College of: Course  |  |
| Contact Person:                        | Prefix:             |  |
| Create New, Revise, Inactivate, or Rea | activate: 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?

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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.

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

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## **Authorization Sign-Off**

#### **Checklist: Check once verified**



Required fields completed. Syllabus attached for new courses 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: