University of Dubuque

**Course Proposal Form**

*Revised: February 2017*

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter a date. |
| **Course Prefix, Number and Title** |  | **Effective Date/Semester** |

**Note: If using this for course revisions please strike through words that are being deleted from previous proposal and use red lettering for any items that are new.**

|  |  |  |
| --- | --- | --- |
| [ ]  **New Course** | [ ]  **Revised Course** | [ ]  **Request Course be added to Core/Pillar Choices** *(optional: See Section C)* |

[ ]  **Regular Grading** [ ]  **Pass/Fail Grading**

**Identify rationale for the new course (needs assessment) or rationale for the course:**

Click here to enter text.

**A. COURSE INFORMATION:**

**1. Major(s) or Minor(s) in which this course will be employed:(***list clearly to help keep Aims up-to-date)*

Click here to enter text.

**2. Departmental Prefix and Course Number** (*Approval by Registrar Required*)**:** *(example: ABC 101)*

Click here to enter text.

**3. Course Title:** *(Full course name, 35 character limit)*

Click here to enter text.

**4. Abbreviated Title:** *(15 Character limit)*

Click here to enter text.

**5. Number of Credits:**  Click here to enter text.

[ ]  **Fixed Credit** (same number of credits each offering)

[ ]  **Variable Credit** (different number of credits each offering; i.e. Internship or 357 Topics courses)

Click here to enter text. Minimum # of credits

Click here to enter text. Maximum # of credits

[ ]  **Cumulative Credit** (course can be repeated without showing as repeat; i.e. HWS 110 or 357 Topics courses)

**6.** **Capacity of Course: (***number of students***)** Click here to enter text.

**7. Description for the Catalog:** *(Include a clear and concise description of the course including the content of the course, the skills or knowledge the student will gain from the course, and a description of what the student would be able to achieve at the end of the course. Include any prerequisites for the course)*

Click here to enter text.

**8. Syllabus Attached** *(If available or course has been previously taught)***:**

 [ ]  **Yes** [ ]  **No**

**9. Learning Time Worksheet Required** (*is the method of assessment proposed in section B of this document consistent with the details provided in the LTW*)**:**

 [ ]  *LTW Provided Below (Preferred method of submission)*  [ ]  *LTW Attached*

Click here to enter text.

**B. LEARNING OUTCOMES AND ASSESSMENT:**

|  |  |  |
| --- | --- | --- |
| Course: XXX XXX | Program (Student) Learning Outcomes*You only need to list the PLO’s that apply to this course. For PLO’s please indicate PLO number based on your departments PLO sequence/numbering* |  |
| Course Learning Outcomes | PLO #: Click here to enter text. | PLO #: Click here to enter text. | PLO #: Click here to enter text. | PLO #: Click here to enter text. | **Method of Assessment** |
| CLO 1: Click here to enter text. |  |  |  |  | Click here to enter text. |
| CLO 2: Click here to enter text. |  |  |  |  | Click here to enter text. |
| CLO 3: Click here to enter text. |  |  |  |  | Click here to enter text. |
| CLO 4: Click here to enter text. |  |  |  |  | Click here to enter text. |

*\*\*\* Please insert or delete rows/columns and copy/paste the automated text fields as needed. In the center grid indicate if the CLO/PLO is an I (Introduce), R (Reinforce) or M (Master)*

*EXAMPLE:*

*Program (Student) Learning Outcome: Demonstrate the ability to recognize and apply ethical and professional excellence for responsible decision making*

*Course Learning Outcome: Demonstrate understanding and the application of the elements that make up operational safety including responsibility, accountability and ethical conduct in their chosen career field*

*Method of Assessment: Weekly journals and final ethics paper*

*Center Grid: I/R/M*

**C. CORE/PILLAR ADDITION REQUEST:** *(Required only if the course is part of a Core/Pillar requirement)*

**1. Core/Pillar Listing:** *(example: World View 3, Science Lab, Social Development, Aesthetics Area B etc.)*

Click here to enter text.

**2. Rationale:** *(Provide a brief description of how this course meets the Core/Pillar requirement. Core/Pillar descriptions are available in the “Pillars of a UD Education” document)*

Click here to enter text.

**D. OPERATIONAL REQUIREMENTS:**

**1. Relationship of the course to other departments and programs, if applicable:** *(State how the course may function as a service or support course for other departments and/or programs. Include the names of Department Heads and other individuals that have been included in the discussion. Include a brief summary of those discussions.)*

Click here to enter text.

**2. Special Facilities:** *(Briefly describe the special facilities, such as science/computer labs, buildings or equipment, needs of the course.)*

Click here to enter text.

**3. Technology Needs:** *(Briefly describe the technology hardware or software, needs of the course.)*

Click here to enter text.

**4. Library Needs:** *(Describe any new or extraordinary Library resource needs of the course.)*

Click here to enter text.

**5. Budget Implications:** *(In addition to detailed staffing needs, explain the cost of the equipment or extracurricular activity expenses of the course.)*

Click here to enter text.

**6. Frequency of Offering and Projected Enrollment:** *(Identify how frequently and the number of sections each semester the course will be offered and how many students are expected to enroll.)*

Click here to enter text.

**E. DOCUMENT AUTHOR NAMES & APPROVAL SIGNATURES:**

**Document Author(s) Name(s):**  Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Document Authors Signature:** |  | **Date** |
| **Department/Program Head Signature** |  | **Date** |
| **Coordinating Department/Program Head Signature\*** |  | **Date** |
| **Chair – Curriculum Committee** |  | **Date** |
| **Vice President for Academic Affairs** |  | **Date** |

*\* Signatures do not have to be obtained at the time of initial submission to the committee. This is done AFTER the review and recommendation by the curriculum committee.*

*\* Coordinating Department/Program Head signature required if another department will be impacted by a course revision or addition.*