SPELMAN COLLEGE

COURSE APPROVAL FORM

[ ]  Standard Course [ ]  Course Modification

[ ]  Pilot for Standard Course [ ]  Special Topics Course

*Please attach a complete syllabus with this document.*

Course Prefix:       Course Number:       (If course is new, please review with Registrar)

Course Title:

1. **Catalog Description** *Please write in complete sentences and in present tense.* (*Note:* *Not to exceed 70 words)*

**2. Type of Course (check all that apply)**

[ ]  Lecture [ ]  Experiential (service learning, internship, etc.)

[ ]  Lecture & related component [ ]  Directed study

[ ] Lab (separate class, not a related component) [ ]  Undergraduate research

[ ] Seminar [ ]  Study abroad course

[ ] Performance (e.g., music lessons) [ ]  Independent Honors Research

[ ] Honors Seminar [ ]  Global – QEP

[ ]  Writing Intensive [ ] Interdisciplinary (please list Departments)

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Course Prerequisites:** **Course Co-requisites:**
2. **This course will satisfy the following:** (*Please check all that apply*.)

 [ ]  Core Curriculum Requirement [ ]  Major Requirement [ ]  Major Elective [ ]  Other

 [ ]  Women’s Studies Core Requirement\* [ ]  Minor Requirement [ ]  Minor Elective

 [ ]  International Studies Core Requirement\* [ ]  Honors Elective [ ]  General Elective

\*Needs prior approval by committee chairs. Please secure signatures on signature page.

* If course fulfills a Core Curriculum Requirement, please specific which learning objective(s) is fulfilled. See Core Curriculum Requirement

Learning Objectives attached.

* How does this course offering intersect with other departments or programs? If the course is being cross-listed, please specify the Department. Note: The other department faculty will need to sign the approval page.

* If course fulfills a major requirement, please list the Departmental objectives fulfilled (as listed in the Bulletin)

* If Writing Intensive, has the course been approved by the Writing Advisory Committee?
* If previously taught as pilot, what changes have been made to the course and why?

1. **Basic Course Information**

 a. Number of credit hours       Hours of classroom instruction per week

 Anticipated enrollment       Maximum enrollment

 b. Expected student constituency

 c. How often will the course be offered? [ ]  every semester [ ]  once per year [ ]  other(\* specify)

 \*

 d. Is this course being offered for the first time? [ ]  yes [ ]  no

 If no, please indicate when the course was last taught.

 e. What semester will the course be offered?

1. **Information for course modifications.**
	1. The course will be modified in the following way(s): (*Please check all that apply.*)

 [ ]  Change in course content [ ]  Change in course title

 [ ]  Change in course description [ ]  Change in course number

 [ ]  Change in course objectives [ ]  Change in course prefix

 [ ]  Change in course prerequisites [ ]  Change in course credits

* 1. Briefly describe the purpose for the modification to the course and explain why this modification is necessary.

1. **Information for new course offerings.**
	1. Will the proposed course replace an existing course? [ ]  yes [ ]  no

If so, which course(s) will this course replace? (Please attach course deletion form if you are deleting a course.)

b. Why is the course being added to the curriculum?

c. What are the course objectives and the relationship of this course to the total departmental offerings? If not required for majors, how will it fit into the departmental offerings?

1. Does this course duplicate or overlap with existing courses and programs? [ ]  yes [ ]  no

If yes, please explain rationale for proposing course and discuss how it overlaps.

1. **Anticipated funding needs and concerns:**
	1. Address the funding/support required to implement this course. *(Attach details of the support requested in each case.)*
* Staffing
* Equipment
* Facilities
* Library Resources
* MIT support/software
	1. Are there any external funding sources available to support this course? [ ] yes [ ] no

*If so, please explain*.

8. Has this course been discussed in the Department? Did the entire Department review the syllabus? Was there discussion? [ ] yes [ ] no

##### Signature Page

# **Duplicate signature page if more signatures are required.**

*All new courses must be reviewed by voting faculty within the respective department. New courses must support the overall goals and objective of the department.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Your Name** |  **Signature** | **Date** |  **Not Recommended** |  **Recommended** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  [ ]  |  [ ]  |
| ***Department Chairperson*** |  |  |  |  |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  [ ]  |  [ ]  |
| ***Faculty Member*** |  |  |  |  |
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| ***Faculty Member*** |  |  |  |  |
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| ***Faculty Member*** |  |  |  |  |
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| ***Faculty Member*** |  |  |  |  |

*The signature(s) of chair(s) of other departments that may be directly affected by the course offering must be secured. Chairs of other departments should review the course approval and provide appropriate comments.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Your Name** |  **Signature** | **Date** |  **Department** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
| ***Other Department Chairperson*** |  |  |  |

 ***Comments***

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Your Name** |  **Signature** | **Date** |  **Department** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
| ***Other Department Chairperson*** |  |  |  |

 ***Comments***

*This course has been reviewed by the curriculum committee and received the following recommendation.*

**Not**

 **Recommend Recommended**

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

***Curriculum Committee Chairperson Date***

***Academic Dean***

*This course has been reviewed for fiscal impact and received the following determination for delivery.*

**Approved Not Approved**

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

***Provost Date***

Attach a draft syllabus for the course. The syllabus should contain the following:

* Your name, office location, office telephone number and office hours
* Course Number and Title
* Catalog description, including any prerequisites if feasible.
* Purpose/goals of the course (in general terms.)
* Course objectives written in behavioral terms. Behavioral objectives can be expressed as bullet points, beginning with verbs.

Example: After completing this course a successful student should be able to:

* Analyze and evaluate…
* Present …
* Articulate…
* Discuss…
* Demonstrate…
* The goals and expectations of oral presentations should be included in the course objectives.
* Form of learning activities – lecture, discussion, laboratory, small group participation, collaborative learning, independent study, etc.
* Methods of evaluation, grading standards and criteria.
* Textbook(s) and/or resources required
* Due dates for major assignments
* Policy regarding academic dishonesty
* Policy regarding attendance
* Policy regarding late assignments
* Course outline organized by topic (sequentially)
* Reading assignments and bibliography
* Fourth credit hour justification
* Disability status
* Pregnancy statement

Comprehensive Syllabus Guidelines Attached

Core Requirement Description and Student Learning Outcomes