

Request to Add/Change a Course in the Undergraduate Course Catalog

(Do not use to schedule a class)

Email the completed, signed form along with the course syllabus and any other relevant material not contained within the syllabus (*e.g.* descriptions of assignments such as papers, presentations, or group projects) to the chair of the Undergraduate Policy Committee (UPC):
Arthur_Mittler@uml.edu

Course Information (all information is required)

New Course _____ Change an existing course _____

Date new course or changes are desired to go into effect (must be in the future) _____

Department _____

Course ID _____

Credits _____

Contact Hours _____

Course Title _____

Catalog Description _____

Course Details (all information is required)

Prerequisite course number _____ Prerequisite course name _____

Prerequisite course number _____ Prerequisite course name _____

Prerequisite course number _____ Prerequisite course name _____

Co-requisite course number _____ Co-requisite course name _____

Other Requirements _____

Course is cross-listed with course _____

Course Component

Lecture Laboratory Clinical Recitation Dissertation Field Studies Practicum
 Independent Study Private Lesson Research Seminar Studio Thesis Research

Grading Basis

Graded(A,B, C etc) Sat/U(satisfactory/unsatisfactory) PR/U(Thesis/Dissertations only)

General Education

Will you be seeking authorization for this course to meet a General Education Requirement?
If so, which one? AH___ SS___ SCTN___

After approval by UPC, you will be directed to the General Education website for details on applying for General Education designation.

Major Requirement

This course will apply toward a major requirement.

In this department_____ In another department_____

Department course will apply to_____

Name/Signature/Date – Course Instructor (if known) _____

Department Curriculum Committee Chair/Coordinator_____

Name / Electronic Signature / Date

Department Chair/Coordinator _____

Name / Electronic Signature / Date

College Curriculum Committee Chair _____

Name / Electronic Signature / Date

College Dean _____

Name / Electronic Signature / Date

Chair of UPC _____

Name / Electronic Signature / Date

Records Office Use

Course entered by_____ Date_____

Course ID_____

Distribution to: Advising Center