

STATE UNIVERSITY OF
NEW YORK AT NEW PALTZ SELECTED TOPIC COURSE DESCRIPTION

SUBMIT THIS FORM FOR EACH SELECTED TOPIC COURSE SCHEDULED

Department

Semester and Year

Course Number Sect No.

Course Title

Suggested Abbreviation of Title (23
characters including spaces between
words)

Prerequisite:

Credits: _____

Brief Course Description:

New Proposal

If previously offered,
Indicate semester(s)

Liberal Arts or Prof/Tech

Signature of Originator Date

Signature of Dept. Chair Date

Signature of Faculty Dean Date