



SELECTED TOPIC/ MODULAR COURSE PROPOSAL

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439
(845) 257-3100 fax: (845)257-3103

Submit this form for EACH selected topic or modular course scheduled.

Winter Spring Fall Year: _____

A Request for Scheduling Change form must be attached.

Summer Session # _____

Department

Prerequisites:

Course Number

Section Number

Course Title

Restrictions: (specify Major/Minor codes)

Title abbreviation (maximum 23 characters including spaces)

Brief course description (please enter this into the Schedule Manager, if available):

Modular course dates (specify all):

New Proposal Yes No If previously offered, indicate semester(s) _____ Liberal Arts or Prof/Tech _____

Signature of Originator

Date

Signature of Department Chair

Date

Signature of Faculty Dean

Date