Undergraduate Course Revision

PROPOSER'S NAME (print)**:** _____ Signature: _____

SCHOOL/COLLEGE: ❑ Business ❑ Fine & Performing Arts ❑ Science & Engineering
❑ Education ❑ Liberal Arts & Sciences ❑ Interdisciplinary

DEPARTMENT/PROGRAM: _____

CURRENT

COURSE NUMBER: _____ **COURSE TITLE:** _____

COURSE DESCRIPTION, CREDITS, ATTRIBUTES, RESTRICTIONS & PRE-/CO-REQUISITES: Please **attach** *or* **enter below** the course information that appears in the **current** catalog (see http://www.newpaltz.edu/ugc/ucourses.html).

PROPOSED REVISION(S)

Please check all that apply, using either or both columns. Note that only MAJOR revisions require Curriculum Committee review. *Deans: Send minor revisions to the Provost's Office.*

MINOR REVISIONS

❑ **Change COURSE TITLE to:**

_____

Abbreviated Title (24 characters or less including spaces):

_____

❑ **Change COURSE NUMBER within level (201 -> 215) or division (e.g., 201 -> 101 or 301 -> 401)**

New course number: _____

❑ **DESCRIPTION CHANGE** *not related to a substantial* **(30% or more)** *change in course content*

MAJOR REVISIONS (attach current & new syllabi)

❑ **Change CREDIT HOURS to: _____**

See www.suny.edu/sunypp/documents.cfm?doc_id=168

❑ **Change COURSE NUMBER across levels (e.g., 201 -> 301 or 301 -> 201)**

New course number: _____

❑ **DESCRIPTION CHANGE** *related to a substantial* **(30% or more)** *change in course content*

Please **attach** *or* **enter below** the new course description **(approx. 35 words)**.

❑ **Change, add or drop PRE- or CO-REQUISITES** *from your own department* (specify courses as pre- or co-reqs):
_____
_____

❑ **Change RESTRICTIONS to include or exclude these specific majors/minors/student levels/class types:**
_____
_____

❑ **RE-ACTIVATE COURSE** last taught 4-8 years ago

❑ **FREEZE COURSE**

❑ **Other:** _____

❑ **Change, add or drop PRE- or CO-REQUISITES** *from another department* (requires consultation):
_____
_____

❑ **Change, add or drop a SUNY GE category (content area) or competency**

❑ **Add or drop Writing Intensive (WI) or Diversity (DIVR) designation**

❑ **RE-ACTIVATE COURSE** last taught 8 or more years ago

❑ **Other:** _____

* Please attach a brief explanation & justification for ALL proposed changes. *

Is this course required for any programs leading to teacher certification? ❑ Yes ❑ No

➢ *If yes,* which one(s): ❑ Early Childhood/Childhood Ed.
List affected concentrations (majors): _____

❑ Adolescence Education
List affected majors: _____

➢ *If yes, please have the department chair(s) and Dean sign and date below to confirm that they are aware of the proposed revision(s).*

Chair, Teaching & Learning: _____ Date: _____

Chair, Ed. Studies & Leadership: _____ Date: _____

Dean, School of Education: _____ Date: _____

Is this course *required* for any other academic major(s) or minor(s)? ❑ Yes ❑ No
➢ *If yes,* please list: _____

Is this course an *elective option* for any other academic major(s) or minor(s)? ❑ Yes ❑ No
➢ *If yes,* please list: _____

➢ *If this course is required or an elective option for any other academic major(s) or minor(s), please have the chair(s)/ director(s) of the affected programs sign and date below to confirm that they are aware of the proposed course revision(s).*

Department/Program: _____ **Chair/Director:** _____

Date: _____

Department/Program: _____ **Chair/Director:** _____

Date: _____

Department/Program: _____ **Chair/Director:** _____

Date: _____

Chair/Director, Originating Department/Program: _____ Date: _____
Signature

Presiding Officer, School/College Governing Body: _____ Date: _____
(if applicable) **Signature**

Academic Dean(s):_____ Date: _____
Signature

_____ Date: _____
Signature

Chair, Curriculum Committee (for MAJOR revisions only): _____ Date: _____
Signature

Provost/Vice President, Academic Affairs: _____ Date: _____
Signature

Course Recording:

Records & Registration – Banner (signature): _____ Date entered: _____

Records & Registration – Degree Works (signature): _____ Date entered: _____

Form rev. 3/8/18