

Course Addition to the Banner Catalog (Graduate)

Items in **RED** are REQUIRED

Effective Term: _____ **Subject Code:** _____ **Course Number:** _____

Course Title (30 character limit, including spaces): _____

College (AS or SB): _____ **Division (BSOB, HUM, SMH, SSEG):** _____

Lab Fee: _____ **Special Tuition – Amount:** _____ **Fee Type (Flat, Per Credit):** _____

Grade Mode (please check all that apply): Standard Letter _____ Audit _____ Pass/Fail _____

Grade Mode (please check all that apply): Standard Audit Pass/Fail Satisfactory/Unsatisfactory (0 credit)

Credit Hours: _____ **Lecture Hours¹:** _____ **Lab Hours²:** _____ **Contact Hours³:** _____ **CEU Hours:** _____

¹- Hours the instructor will be in classroom contact with the students per week

²- Hours the instructor will be in lab contact with the students per week

³- Hours the instructor will be in classroom/lab contact with the students per week

Is this course repeatable? (Is the course offered with different content, i.e. Special Topics?) (yes or no) _____

If yes, please indicate-

- The maximum hours that can be earned: _____
- The maximum hours that can count towards degree requirements: _____

Schedule Type/Delivery Method (Courses can have more than one type at the Catalog level but **NOT** at the section level - please circle all that apply at the catalog level):

Code	Description	Code	Description	Code	Description
AA	Academic Advising	IND	Independent Study	SE	Seminar
ACT	Activity	LB	Lab	STA	Study Abroad
DSC	Discussion	LE	Lecture	WE	Web/Online
EXP	Experiential	RSH	Research	WK	Workshop
HYB	Hybrid-Online & Classroom	S/P	Studio/Performance		

Co-requisite(s): _____

This co-requisite is required to be taken at the same time as the primary course. **This area is not to be used for prerequisites with concurrency.**

Prerequisite(s)/Prerequisite(s) with concurrency*: _____

*Indicating a prerequisite with concurrency means that the courses can be taken simultaneously. **Please mark these with an asterisk.**

Equivalent Course(s): _____

List any previous course numbers if this course was ever been offered under a different course number or subject

Mutually Exclusive Course(s): _____

List any course numbers that cannot be taken with or in addition to this course. (Content of both courses have enough overlap to justify only allowing a student to register for one of the courses, but not both.)

Registration Restriction (please choose all that apply and also specify the appropriate code or codes):

Selecting any of these will allow only students who fit these criteria to register for the course.

	Department	
	Program	
	Major	

i.e. ED (to restrict to Education department)

i.e. MED (For M.Ed. program only)

i.e. EDEP (to restrict to Educational Psychology majors)

For CAPP/Degree Audit building purposes, please explain how this course meets major/minor degree audit requirements (i.e Can this course count as a major elective? Does it meet a specific requirement for a minor?) (This question is not asking how the course addresses learning goals or pedagogical rationale.)

Please attach a copy of the course description to this form.

Department Chair Signature: _____

Date: _____

Dean Signature: _____

Date: _____

Once approved, please send copy to AVP's Office and Registrar's Office for processing.