Course Proposal/Revision Request

Office of the Registrar
9700 West Taron Drive | Elk Grove, CA 95757 | cnregistrar@cnsu.edu
Form is available on Faculty Portal.

To officially create/revise a course, this form and the supporting documentation in item #14 must be submitted to the Office of the Registrar as early in advance of the start of the course as possible. Some revisions to a course cannot be made once the course has started.

Submission Type (select one):

☐ **NEW REQUIRED COURSE,** specify degree audit requirement area:_____ ☐ **NEW ELECTIVE COURSE**

☐ **COURSE REVISION,** briefly describe change/reason:_____.

1. **College:** ☐ COP ☐ COM ☐ CHS ☐ CPsy ☐ MPS ☐ MHA ☐ CDM **Dept./Subject Area**:_____ **Desired Course #:**_____

2. **Full Course Title**:_____

3. **Course Developer**:_____

4a. **Instructor of Record** (person to enter final grades)_____

4b. **Other Instructor(s)**:_____

5. **Semester(s) Offered**: ☐ Summer ☐ Fall ☐ Spring **Beginning in** (academic year): **20**_____- **20**_____
Note: Semesters and dates must align with college's academic calendar.

6. **Credit(s)**: _____ 7. **Repeatable for credit**? ☐ No ☐ Yes; Max. credits allowed toward degree requirement: _____
Credit and hours/week must align with college's credit hour policy

8. **# of class hours per week**: _____ **# of outside class hours per week**: _____

9. **Grading**: ☐ Letter ☐ P/F ☐ H/P/F ☐ H/HP/P/F ☐ P/NP
Grade selection must be within approved College's grading policy

10. **Course is offered to**: ☐ First-year/Freshman ☐ Second-year/Sophomore ☐ Third-year/Junior ☐ Fourth-year/Senior ☐ PMPB
Level/Year is determined by college's credit level designations.

11. **Instructor Approval Required?** ☐ Yes ☐ No 11. **Max # of Students:**_____**Min # of Students**:_____

12a. **Pre-requisites** (Use subject area, course #, college level, minimum grade requirement, etc.):

_____

12b. **Co-requisites** (use subject area & course #): _____ 12c. **Cross-listed Course ID**:_____

13. **Course Type** Select **ONE** based on your College's options. Type refers to course credit hour policy.

COP / MPS:	☐ Team-Based Learning (TBL)	☐ Laboratory (LAB)	☐ Experiential Learning (EL)	☐ Active Learning (AL)
COM /CDM:	☐ Lecture & Active Learning (LAL)	☐ Active Learning (AL)	☐ Experiential Learning (EL)	
CHS	☐ Lecture (LEC)	☐ Seminar (SEM)	☐ Experiential Learning (EL)	☐ Laboratory (LAB)
CPsy	☐ Lecture (LEC)	☐ Active Learning (AL)	☐ Experiential Learning (EL)	☐ Laboratory (LAB)
MHA	☐ Lecture (LEC)	☐ Active Learning (AL)	☐ Experiential Learning (EL)	☐ Laboratory (LAB)

14. **Please attach the following REQUIRED documents:**

Attached: ☐ Course Description (for use in University Catalog) ☐ Syllabus ☐ Meeting Days/Times & Start/End Dates

APPROVAL; Forward completed form to Office of the Registrar

_____ _____
Print Name & Sign, Course Developer Date

_____ _____
Print Name & Sign, Department Chair Date

_____ _____
Print Name & Sign, Chair of Curriculum Committee Date

_____ _____
Print Name & Sign, Office of Academic Affairs Date

_____ _____
Print Name & Sign, Office of the Dean Date

OFFICE OF THE REGISTRAR USE ONLY Assigned Course Prefix ID#_____

Date Received:_____ Date Processed:_____ Processed By:_____ Updated 02/21 OR