



Course Proposal Form

June 2018

Detailed instructions for this form are available on the Registrar's website in the frequently requested forms section | www.risdregistrar.wordpress.com

Preliminary Questions from the Curriculum Committee

Skip this section if this proposal is for a Liberal Arts or WS course.

This course has already been offered as a one-time trial without Curriculum Committee review. Yes No

- If **yes**, then it must now be reviewed by the Curriculum Committee. *Skip the remainder of this section.*
 - If **no**, then you have the option to have it reviewed by the Curriculum Committee now or offer it as a one-time trial. *Complete the remainder of this section.*
- Important:** If this is a degree program requirement, then a one-time trial is not permitted; it must be reviewed first.

At this time, do you wish for: Curric. Committee review One-time trial

Brief reason for new course (e.g. new elective, interdisciplinary, etc.): _____

Attach a **SYLLABUS** if submitting for Curriculum Committee review.

Course Information

Course Title: _____

If cross-listed, how many seats for: Dept. A: _____ Dept. B: _____
(primary) (secondary)

Abbreviated title for WebAdvisor: _____
(29 character limit)

Subject(s) for type of credit (e.g. FURN+ID, IDISC): _____

Course description: Insert on page 2

Course use (check all that apply): Major Required Major Elective
 Graduate Non-Major Elective Liberal Arts

Prerequisites: _____

Corequisites: _____

No. of credits: 3 6 9 12 Other: _____

Academic year: _____

Students eligible to take this course (check all that apply):

Fr So Jr Sr 5th yr Grad

Term(s) course will first be offered: FA WS* SP SS

*See "Course Proposal Form Instructions" on Registrar's website for special WS conditions.
*A WS course with student eligibility restrictions or registration restrictions requires a rationale for the restrictions on page 2.

Registration restrictions (e.g., majors only, GRAD): _____

Department(s): _____

Instructional method: Stu Lec Sem Workshop

Schedule (if known):

day(s): _____ start time: _____ end time: _____

Can course be repeated for credit? (if yes, explain) Yes No

location/building: _____ room: _____

Is permission of instructor required? (if yes, explain) Yes No

Request for specialized scheduling ([restrictions](#) apply):

Old Library (CB 521)

Fletcher Bldg. Co-Works

Create WebAdvisor wait list? (if yes, which sections?) Yes No

Instructor A: _____

Type: full-time part-time other: _____
(administrator, grad student, etc.)

Travel: Is there a travel component? Int'l Domestic

Teaching Units: _____ Acct. Number: _____

If so: Destination: _____ Duration: _____

Instructor B: _____

Type: full-time part-time other: _____
(administrator, grad student, etc.)

Name of 2nd responsible adult (1-day trips exempt): _____

Teaching Units: _____ Acct. Number: _____

Course cost (use course cost worksheet): _____ Dept. to receive funds: _____

Notes:

Est. materials cost: _____ Required Deposit: _____

Sec enrollment (Min required: 10 for UG & 8 for Grad): Min: _____ Max: _____



Course Description

Restricted WS Course Rationale

Approvals

<input type="text"/>	<input type="text"/>
Department Head A type your name to indicate your approval	date

<input type="text"/>	<input type="text"/>
Department Head B type your name to indicate your approval *only required if different from Dept. Head A	date

<input type="text"/>	<input type="text"/>
Dean A type your name to indicate your approval	date

<input type="text"/>	<input type="text"/>
Dean B type your name to indicate your approval *only required if different from Dean A	date

<input type="text"/>	<input type="text"/>
Academic Affairs type your name to indicate your approval	date