

## GENERAL GUIDELINES FOR COURSES AND CURRICULUM

1. All courses/curricula changes originate with departmental faculty who ascertain that all requirements for submission have been met prior to submission.
2. All courses/curricula changes require approval of the departmental faculty, the department head, and the dean.
3. Proposed changes in courses/curricula impacting courses/curricula of other departments must have documentation showing that the other departments were notified and are aware of the proposed changes. A signed memo by all concerned suffices.
4. All requests for changes must be submitted on the appropriate form.
5. The original and 16 copies must be submitted unless noted otherwise, 17 in all. The original with changes in red ink is the official copy and is given to the Chair.
6. Changes in academic/other credentials for faculty/staff **cannot be submitted until credentials** have been conferred/awarded or until a letter by an appropriate official certifying completion has been received.

### FORMS

Forms previously distributed are obsolete. Use the forms distributed this year to submit requests for changes.

#### FORMS

- A. COURSE ADDITION (NEW COURSES)
- B. COURSE DELETION
- C. COURSE MODIFICATION (CHANGES TO AN EXISTING COURSE)
- D. PART I (ADDING, CHANGING, DELETING A CURRICULUM)
- D. PART II (VERIFICATION OF GENED REQUIREMENTS FOR NEW CURRICULUM)
- D. PART III (VERIFICATION OF MINIMUM 45 HOURS OF 300 LEVEL COURSES)
- E. FACULTY/STAFF LISTING (ACADEMICS AND ADMINISTRATION)
- F. ADDING, CHANGING, OR DELETING A CONCENTRATION
- G. ADDING, DELETING, OR CHANGING A MINOR
- H. CHANGE IN COLLEGE DESCRIPTION
- I. CHANGE IN DEPARTMENT DESCRIPTION

F97

Form A

### REQUEST FOR **ADDITION** OF NEW COURSE

1. Department \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

2. Is this a graduate course, undergraduate course, GENED course, developmental course

3. Graduate Council Review/Approval Yes ( ) No ( ), GENED Committee Review/Approval Yes ( ) No ( ), Developmental Education Committee Review/Approval Yes ( ) No ( ).
4. Proposed course no. \_\_\_\_\_ Title \_\_\_\_\_
5. Have course number and title been cleared with Director of Records \_\_\_\_\_ Date \_\_\_\_\_
6. Contact hours per week: Lec. \_\_\_\_\_ Lab. \_\_\_\_\_ Seminar \_\_\_\_\_ Resch./Ind. Std. \_\_\_\_\_ Clin./Pract. \_\_\_\_\_ In/Extrnshp. \_\_\_\_\_
7. Semester hours of credit: Degree Credit: Yes ( ) No ( ) Graduate credit: Yes ( ) No ( )  
Grading: Regular ( ) Pass/Fail ( ) Other \_\_\_\_\_
8. If lecture/lab, no. hrs. of credit for lecture \_\_\_\_\_, lab \_\_\_\_\_
9. Semesters normally to be offered: Fall ( ) Spring ( ) Summer ( )
10. Curricula for which course is designed: \_\_\_\_\_
11. Majors for which course will be required: \_\_\_\_\_
12. Have all departments requiring this course for majors been informed? Yes ( ) No ( ) \*Signature Required
13. Estimated enrollment expected per semester: \_\_\_\_\_
14. Can course be repeated? \_\_\_\_\_ Yes ( ) No ( ) Maximum hrs. for repeated credit? \_\_\_\_\_
15. Credit will not be given for this course and \_\_\_\_\_  

Title	Number	Dept
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16. Has this course been cleared for possible duplication? Yes ( ) No ( ) NA( ) If yes, document.
17. **NOTE:** IF COURSE IS TO BE CROSS-LISTED, PLEASE INCLUDE THE COURSE CATALOG DESCRIPTIONS FOR EACH DEPARTMENT, AS WELL AS THE SIGNATURES OF ALL HEADS AND DEANS CONCERNED.
18. **DESCRIPTION/** ON SEPARATE SHEET GIVE COMPLETE INFORMATION, INCLUDING FORMAL CATALOG **SYLLABUS:** DESCRIPTION, TITLE OF TEXT, LAB MANUAL, OR OTHER MATERIAL TO BE USED, LIST OF PRINCIPAL REFERENCE READINGS TO BE REQUIRED, AND A COURSE SYLLABUS (See Faculty Handbook)
19. **BUDGET:** If this course is approved: Will additional faculty be needed? Yes ( ) No ( ) Will additional space, equipment, special library materials, or any major expense be involved? Yes ( ) No ( ) OF THE ANSWER TO ANY PART OF THIS QUESTION IS YES, attach explanation.
20. **JUSTIFICATION:** Does this course meet each of the appropriate SACS criteria for Accreditation – Section IV/V, Educational Program 4.15.1.7? Use a checklist for this question designating **Yes, No, NA**, as appropriate. (See attached sample.)
21. Effective Date: Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_
22. Attach a copy of the **Bulletin** page with page number visible. Use the word **ADD** and an arrow to designate listing placement.

APPROVED:

Department Faculty Approval Date \_\_\_\_\_ College Faculty Approval Date \_\_\_\_\_

\*signatures of Department heads/Directors approving this course: \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Department Head/Director (Date)

\_\_\_\_\_  
College Dean (Date)

\_\_\_\_\_  
Director, Graduate Studies (If Applicable) (Date)

\_\_\_\_\_  
Chair, FS C & C Committee (Date)

\_\_\_\_\_  
Vice President, Academic Affairs (Date)

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[Back to Form List](#)

RF96

Form B

### REQUEST FOR **DELETING** A COURSE

1. Department \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

2. Course No. \_\_\_\_\_ Title \_\_\_\_\_

3. Graduate Course \_\_\_\_\_, Undergraduate Course \_\_\_\_\_, GENED Course \_\_\_\_\_, Developmental Education Course \_\_\_\_\_

4. Graduate Council Review/Approval Yes ( ) No ( ), GENED Committee Review/Approval Yes ( ) No ( ), Developmental Education Committee Review/Approval Yes ( ) No ( )

5. Semester hours credit \_\_\_\_\_ Hours per week: Lec. \_\_\_\_\_ Lab. \_\_\_\_\_ Other \_\_\_\_\_

6. Last semester this course was offered: \_\_\_\_\_

7. Enrollment in course the last three times offered: \_\_\_\_\_

8. Is this course a prerequisite for any other courses? Yes ( ) No ( ) corequisite? Yes ( ) No ( )

9. If answer to above is yes, please list courses by title and course number.

Title: \_\_\_\_\_ Course no. \_\_\_\_\_ Preieq. \_\_\_\_\_ Coreq. \_\_\_\_\_

Title: \_\_\_\_\_ Course no. \_\_\_\_\_ Preieq. \_\_\_\_\_ Coreq. \_\_\_\_\_

Title: \_\_\_\_\_ Course no. \_\_\_\_\_ Preieq. \_\_\_\_\_ Coreq. \_\_\_\_\_

10. This course is presently required in the following curricula:

Curricula: \_\_\_\_\_

Curricula: \_\_\_\_\_

11. Has this deletion been discussed with other departments requiring the course? Yes ( ) No ( )

12. Is this course offered for graduate credit only? Yes ( ) No ( )

13. REASON FOR REQUEST TO DELETE COURSE:

Attach a copy of the page with page number from the current Bulletin and the word Delete with arrow designating course to be deleted.

**NOTE:** IF COURSE IS TO BE CROSS-LISTED, PLEASE INCLUDE THE COURSE CATALOG DESCRIPTIONS FOR EACH DEPARTMENT, AS WELL AS THE SIGNATURES OF ALL HEADS AND DEANS CONCERNED.

14. Effective date course is to be dropped (check semester): Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_

APPROVED:

Department Faculty Approval Date \_\_\_\_\_

College Faculty Approval Dale \_\_\_\_\_

\_\_\_\_\_  
Department Head/Director (Date)

\_\_\_\_\_  
College Dean (Date)

\_\_\_\_\_  
Director, Graduate Studies (If Applicable) (Date)

\_\_\_\_\_  
Chair, FS C & C Committee (Date)

\_\_\_\_\_  
Vice President, Academic Affairs (Date)

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[Back to Form List](#)

**REQUEST FOR CHANGING AN EXISTING COURSE**

1. Department \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_
2. Please check: Request for a change of course number \_\_\_\_\_, change of course title \_\_\_\_\_, minor change in content/description \_\_\_\_\_, change of prerequisite, change of corequisite \_\_\_\_\_, change in hours \_\_\_\_\_
3. Have course number and title been cleared with Director of Records \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_
4. Is this a graduate course \_\_\_\_\_, undergraduate course \_\_\_\_\_, GENED course \_\_\_\_\_, developmental course \_\_\_\_\_
5. Graduate Council Review/Approval Yes ( ) No ( ), GENED Committee Review/Approval Yes ( ) No ( ), Developmental Education Committee Review/Approval Yes ( ) No ( )
6. Semester(s) normally offered: Fall ( ) Spring ( ) Summer ( ) Last semester offered \_\_\_\_\_
7. Present Course No. \_\_\_\_\_ Title \_\_\_\_\_ Hours \_\_\_\_\_, Present Prereq \_\_\_\_\_ Present Coreq \_\_\_\_\_
8. Proposed Course No. \_\_\_\_\_ Title \_\_\_\_\_, Proposed Prereq \_\_\_\_\_ Proposed Coreq \_\_\_\_\_  
\* Signature(s) of appropriate Department Heads/Directors required for Items 9, 10, and 11.
- \* 9. Is course required in any curricula? Yes ( ) No ( ) If yes, list curricula on reverse of this (or next) page.
- \* 10. Is course a prerequisite for other courses? Yes ( ) No ( ) If yes, list courses on reverse of this (or next) page.
- \* 11. Is course a corequisite for other courses? Yes ( ) No ( ) If yes, list courses on reverse of this (or next) page.
12. PRESENT COURSE DESCRIPTION Attach copy of Bulletin page with page number visible and use CHANGE TO: and an arrow for indicating necessary changes.
13. JUSTIFICATION FOR CHANGE: (Continue on reverse of this (or next) page, if necessary)
14. NOTE: IF COURSE IS CURRENTLY CROSS-LISTED OR IS TO BE CROSS-LISTED, PLEASE INCLUDE NOTIFICATION OF CHANGE SENT TO EACH DEPARTMENT; AND THE SIGNATURES OF ALL HEADS AND DEANS CONCERNED.
15. Change to be effective (check semester): Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_  
\* Signatures of Department Heads/Directors Approving this course: \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

APPROVED:

Department Faculty Approval Date \_\_\_\_\_

College Faculty Approval Date \_\_\_\_\_

\_\_\_\_\_  
Department Head/ Director (Date)

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Director, Graduate Studies (If Applicable) (Date)

\_\_\_\_\_  
Chair, FS C & C Committee

\_\_\_\_\_  
Vice President, Academic Affairs (Date)

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\_\_\_\_\_ is required in the following curricula:

COURSE NAME / NUMBER

CURRICULUM CODE

CIP NUMBER

EX. FACS

19.01

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*  
\* \* \* \* \*

\_\_\_\_\_ is a prerequisite for the following courses:

CURRICULUM CODE

COURSE NUMBER

COURSE TITLE

SEMESTER HOURS

EX. FACS.156.CHILDREiN IN CRISIS.3-3-0

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*  
\* \* \* \* \*

\_\_\_\_\_ is a corequisite for the following courses:

<u>CURRICULUM CODE</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>
<u>SEMESTER HOURS</u>		
1. _____		
_____		
2. _____		
_____		
3. _____		
_____		
4. _____		
_____		

CONTINUATION OF JUSTIFICATION FOR CHANGE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Back to Form List](#)

RF96

Form D - Part I

**REQUEST FOR ADDING, CHANGING, OR DELETING A CURRICULUM**

1. Department \_\_\_\_\_ College \_\_\_\_\_  
Date \_\_\_\_\_
2. Name of Curriculum \_\_\_\_\_

3. Type of Degree \_\_\_\_\_
4. NOTE: This action must be discussed with and approved by all departments/colleges affected. Attach approval sheet.

ACTION (check appropriate block):

5. ( ) ADDING: Show the entire new curriculum by year (Freshman, Sophomore, Junior, Senior) using new catalog format. Use plain sheets and attach. Part I, Part II, and Part III of Form D must be filled out for all new curricula.
6. ( ) CHANGING: Copy revised curriculum format. Type ADD; Delete; or Change; next to the appropriate courses using an arrow to indicate placement. Explain all changes adequately on attached sheets.
7. ( ) DELETING: Copy curriculum page and provide an adequate explanation on plain sheets for deleting the curriculum and attach sheets.
8. Effective Date: Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_
9. Total semester hours in proposed curriculum \_\_\_\_\_

APPROVED:

Department Faculty Approval Date \_\_\_\_\_ College Faculty Approval Date \_\_\_\_\_

\_\_\_\_\_  
 Department Head/ Director (Date) College Dean

\_\_\_\_\_  
 Director, Graduate Studies (If applicable) (Date) Chair, FS C & C Committee

\_\_\_\_\_  
 Vice President, Academic Affairs (Date)

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[Back to Form List](#)

Form D - Part II  
VERIFICATION OF GENED REQUIREMENTS

Proposed Curriculum \_\_\_\_\_ Degree \_\_\_\_\_  
Major \_\_\_\_\_ Department \_\_\_\_\_ Academic College \_\_\_\_\_

List all the courses in this curriculum fulfilling the revised GENED requirements for the baccalaureate/associate degree.

**English GENED Requirements (12 hours)**

Course Name	Number	Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TOTAL HOURS ENGLISH GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

**Mathematics GENED Requirement (6 hours)**

1. _____	_____	_____
2. _____	_____	_____

TOTAL HOURS MATH GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

**Computer literacy GENED Requirement (3 hours)**

1. _____	_____	_____
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TOTAL HOURS COMPUTER LITERACY GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

**Natural Sciences GENED Requirement (9 hours)** 6 hours lecture in a specified sequence and three additional hours lecture in another discipline. COURSES MUST BE FROM BOTH BIOLOGICAL SCIENCES AND PHYSICAL SCIENCES

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TOTAL HOURS NATURAL SCIENCES GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

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\*\*\*\*\*

**Social Sciences GENED Requirements (6 hours)**

1. _____	_____	_____
2. _____	_____	_____

TOTAL HOURS SOCIAL SCIENCES GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

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\*\*\*\*\*

**Arts GEMED Requirement (3 hours)**

1. _____	_____	_____
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TOTAL HOURS ARTS GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

\*\*\*\*\*  
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**Humanities GENED Requirement (9 hours)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

TOTAL HOURS HUMANITIES GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

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**Oral Communication GENED Requirement (3 hours)**

- 1. \_\_\_\_\_

TOTAL HOURS ORAL COMMUNICATION GENED REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

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**Health and Physical Education Wellness Course Requirement (2 hours)**

- 1. \_\_\_\_\_

TOTAL HOURS H&PE WELLNESS REQUIREMENT IN THIS CURRICULUM \_\_\_\_\_

TOTAL GENED REQUIREMENTS \_\_\_\_\_

Verified by: \_\_\_\_\_  
Department Head/Director      Date      Dean Academic College      Date

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[Back to Form List](#)

RF96

Form D - Part III

**VERIFICATION OF REQUIREMENT FOR A MINIMUM OF 45 HOURS IN COURSES 300 OR ABOVE**

List the 300/400 courses fulfilling the requirement for a minimum of 45 semester credit hours in courses numbered 300 or above.

Course Title	Number	Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____



2. Type Add; Delete; or Change; and provide the information needed. Use the standard Bulletin format for all entries. Attention to punctuation is needed.

3. Make only 2 entries per page.

4. Use this Form E as a cover sheet for all. Staple in upper left corner.

\*\*\*\*\*  
\*\*\*\*\*

**Form E**  
**Faculty/Staff Listings**  
**Add, Delete, Change**

Department: \_\_\_\_\_  
\_\_\_\_\_

College: \_\_\_\_\_

Check one:

\_\_\_\_\_ Current Bulletin listings are correct. No corrections needed.

\_\_\_\_\_ Additions/Deletions/Changes in Faculty/Staff Listings on attached pages are correct.

Approved \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head/Director

[Back to Form List](#)

RF96

Form F

**REQUEST FOR ADDING, CHANGING, OR DELETING A CONCENTRATION**

1. Department \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

2. Name of Curriculum Concentration \_\_\_\_\_

3. Type of Degree \_\_\_\_\_

4. NOTE: This action must be discussed with and approved by all departments/colleges affected. Attach approval sheet.

ACTION (check appropriate block):

5. ( ) ADDING: show the entire new curriculum concentration by year using catalog format. Use plain sheets and attach

6. ( ) CHANGING: Copy present catalog description which is to be changed. Type Add: Delete: or Change: next to the appropriate courses. Use an arrow to indicate placement. Explain all changes adequately on attached sheets.

7. ( ) DELETING: Copy curriculum concentration page and provide an adequate explanation for deleting the curriculum concentration on plain sheets and attach.

8. Effective Date: Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_

9. Total semester hours in proposed curriculum concentration \_\_\_\_\_

APPROVED:

Department Faculty Approval Date \_\_\_\_\_  
Date \_\_\_\_\_

College Faculty Approval

\_\_\_\_\_  
Department Head/Director (Date)

(Date)

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Director, Graduate Studies (If Applicable) (Date)

(Date)

\_\_\_\_\_  
Chair, FS C & C Committee

\_\_\_\_\_  
Vice President, Academic Affairs

(Date)

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[Back to Form List](#)

**REQUEST FOR ADDING, CHANGING, OR DELETING A MINOR**

10. Department \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

11. Name of Curriculum/Minor \_\_\_\_\_

12. Type of Degree \_\_\_\_\_

13. NOTE: This action must be discussed with and approved by all departments/colleges affected. Attach approval sheet.

ACTION (check appropriate block):

14. ( ) ADDING: List all courses for the minor by year (100, 200 etc). Use plain sheets and attach.

15. ( ) CHANGING: Copy present catalog description of minor to be changed. Type Add: Delete: or Change: next to the appropriate courses. Explain all changes adequately on attached sheets.

16. ( ) DELETING: Copy present catalog description of minor to be deleted and state the reason for deleting the curriculum minor below. Use additional sheets if necessary.

17. Effective Date: Fall ( ) Spring ( ) Summer ( ) Year \_\_\_\_\_

18. Total hours in proposed new curriculum minor \_\_\_\_\_ Total hours in deleted curriculum minor \_\_\_\_\_

19. total hours in changed curriculum minor \_\_\_\_\_

**APPROVED:**

Department Faculty Approval Date \_\_\_\_\_  
Date \_\_\_\_\_

College Faculty Approval

\_\_\_\_\_  
Department Head/Director  
(Date)

(Date)

\_\_\_\_\_  
College Dean

---

Director, Graduate Studies (If Applicable)  
(Date)

(Date)

---

Chair, FS C & C Committee

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Vice President, Academic Affairs

(Date)

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[Back to Form List](#)

F96

Form H

### REQUEST FOR CHANGING COLLEGE DESCRIPTION

1. COLLEGE \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_

Directions: Copy Bulletin page with page number visible. Type desired changes to description and use arrows to designate placement of change. Use **DELETE, ADD, or CHANGE TO** as appropriate. Use red ink pen for arrows. Make 17 copies and attach this sheet as a cover sheet.

APPROVED: \_\_\_\_\_  
College Dean

[Back to Form List](#)

F97

BOR/Form I

### REQUEST FOR CHANGING DEPARTMENT DESCRIPTION

1. DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_

**Directions:** Copy Bulletin page with page number visible. Type desired changes to description and use arrows to designate placement of change. Use **DELETE, ADD, or CHANGE TO** as appropriate. Use red ink. Attach this sheet as a cover sheet.

APPROVED: \_\_\_\_\_  
DEPARTMENT HEAD

[Back to Form List](#)