



## — Course Add Proposal — PLEASE COMPLETE THIS FORM IN RED

A guide for completing this form is located at <http://www.mtu.edu/registrar/faculty-staff/course-proposal/>

### 1) Course Information

Is this a **half-semester course proposal**?  Yes  No

**NOTE:** All half-semester courses must follow rules set in Faculty Senate Proposal 4-00. See Senate website for details: <https://www.mtu.edu/senate/policies-procedures/proposals-year/2002-03/10-03.pdf>

**Course Prefix/Number** (i.e. MEEM 2110): \_\_\_\_\_

**Course Title** (abbreviated; used on transcript - Up to 30 characters including spaces)

**Alternative Title for Catalog** (Up to 100 characters including spaces)

### 2) Credits

Number of credits assigned to this course \_\_\_\_\_

**OR**

**Range of credits if variable**  to  (Number of credits to be taken in a given semester)

### 3) Schedule

**Contact Hours per Week** (Lec & Rec: 1 credit = 1 contact hour; Lab: 1 credit = 1-3 contact hours. (i.e. a 3-credit course may be 2 contact hours of lecture or recitation and up to 3 contact hours of lab OR 1 contact hour of lecture or recitation and up to 6 contact hours of lab)

Lecture

Recitation

Lab

**OR**

**Research Course?**  Yes  No

**OR**

**Special Topics Course?**  Yes  No

### 4) Additional Credits

May students receive **additional credits** by taking and passing this course more than once?

No

Yes, for a maximum of \_\_\_\_\_ credits. (Must be a multiple of the course credits, i.e. Research or Special Topics)

Yes, for an unlimited number of credits. (i.e. Music, Varsity sports, etc.)

**5) Pass/Fail**

Will this course be offered as a **pass/fail option ONLY?** (*grade of S or E*)  Yes  No

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**6) Cross/Dual Listed Course**

**Cross Listed:** Is there an identical course offered in a different subject?  Yes  No

If **yes**, what is the other subject and course number? \_\_\_\_\_

**Dual Listed:** Is there a course offered at a different level?  Yes  No

If **yes**, what is the other course number? \_\_\_\_\_

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**7) Equivalent Course:** Does this course replace a dropped course with no change in course content for degree requirements, prerequisites, and repeating purposes?  Yes  No

If **yes**, what is the subject and course number of the dropped course? \_\_\_\_\_

**8) Corequisites and Prerequisites**

**Corequisites** are courses that are **REQUIRED to be taken at the SAME TIME** as this course (courses **MUST** be offered during the same term):

Required corequisite course(s): _____ _____
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**Prerequisites** are courses that are **REQUIRED to be taken PRIOR** to enrollment in this course. **Select appropriate box and use parentheses where needed.**

Required prerequisite course(s): 1 _____ <input type="checkbox"/> And <input type="checkbox"/> Or 2 _____ <input type="checkbox"/> And <input type="checkbox"/> Or 3 _____ <input type="checkbox"/> And <input type="checkbox"/> Or 4 _____ <input type="checkbox"/> And <input type="checkbox"/> Or 5 _____ <input type="checkbox"/> And <input type="checkbox"/> Or 6 _____
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A **concurrent prerequisite** is a defined prerequisite course (from list above) that **MAY** be taken **EITHER** simultaneously in the same semester **OR** in a prior semester. Indicate below applicable courses.

Concurrent prerequisite course(s): _____ _____ _____
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**9) Catalog Course Description**

The traditional catalog style description for a course is limited to **350 characters including spaces**. If course is proposed as a half-semester course, please include that information in the description. **Please refer to the Course Proposal Guide for examples and suggestions on developing a course description.**

**10) Registration Restrictions**

- If permission is **always required** for registration purposes (a student cannot enter the course without department or instructor signature), please select the appropriate permission.

**Do not select unless EVERY STUDENT must get "SIGNED INTO" the class.**

Department **OR**  Instructor

- Students who register for this course may be restricted by their **College/School OR** their **Major**. Please indicate if any college or major restrictions should be applied to this course. If there are no restrictions please indicate in the check box provided.

**No College/School Restrictions**

**No Major Restrictions**

Colleges/Schools who MAY NOT enroll  
(EXCLUDE)

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-OR-

Colleges/Schools who MAY enroll (INCLUDE)

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Majors that MAY NOT enroll  
(EXCLUDE)

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-OR-

Majors that MAY enroll (INCLUDE)

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-- Restrictions continued on next page --

- A restriction may also be placed on **Class Standing** (freshman, sophomore, junior, senior, graduate). Please indicate if any class restrictions should be applied to this course. If there are no restrictions please indicate in the check box provided.

**No Class Restrictions**

Class of students who MAY NOT enroll (EXCLUDE)  _____
-OR-
Class of students who MAY enroll (INCLUDE)  _____

**11) Semester(s) Offered**

Fall       Spring       Summer      *(Check all that apply)*

**OR**       On Demand

If offered in a specific semester, will the course be offered only in alternate years?     Yes     No

If yes, what will be the starting academic year? *(i.e. 2014-15 or 2015-16)* \_\_\_\_\_

**12) Essential Education**

Is this course being proposed for Essential Education?      Yes       No

Essential Education proposal forms are available at: <http://www.mtu.edu/registrar/faculty-staff/course-proposal/>.

**13) Course Computing Lab and Expendables Fees**

**DO NOT RECORD FEE INFORMATION HERE.** Submit new course fee information on the New Course Fees Form available at: <http://www.mtu.edu/registrar/faculty-staff/course-proposal/>.

**14) Course Learning Objectives** (Required)

**Upon successful completion of this course, students will be able to:**

**15) Degree Programs which this course will affect**

List the degrees, minors, and certificates in which this course will be required or used as an elective: \*\*\*

Degree Program(s):
_____
_____
_____
_____
_____

**\*\*\* Be sure to adjust the appropriate degree audits in sections 7 and 8 in your department's binder.**

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**16) Course Rationale** *(Required)*

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**17) Faculty Contact**

Faculty proposing this course *(please print)*: Name \_\_\_\_\_

Email \_\_\_\_\_

**DID YOU USE RED INK TO COMPLETE THIS FORM?  
IF NOT, PLEASE HIGHLIGHT YOUR ANSWERS SO NOTHING IS MISSED IN PROCESSING.**