

**OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST**

**REQUEST FOR COURSE REPLACEMENT**

#

1. Title of Course to be Replaced:
2. Catalog Number of Course to be Replaced:
3. Is this course cross-listed with another department?[ ]  Yes [ ]  No

 If Yes, list the cross-listed catalog number(s):

1. Level of Instruction: [ ] Undergraduate[ ] Graduate[ ] Both

 [ ] 400/500 [ ] 400/G

1. Credit Hours:
2. What session(s) is this course offered?
3. What is the yearly cycle for this course?

[ ] Fall

[ ] Spring

[ ]  Summer

[ ]  Intersession

 [ ]  All Years[ ] Even Years [ ] Odd Years [ ] One (1) Term Only

# New Course

1. Title of New Course:
2. Catalog Number of New Course:
3. Level of Instruction: [ ] Undergraduate[ ] Graduate[ ] Both
4. Credit Hours:
5. Is this course cross-listed with another department? [ ] Yes[ ] No

 If Yes, list the cross-listed catalog number(s):

1. What session(s) is this course offered? [ ]  Fall [ ]  Spring [ ]  Summer [ ]  Intersession
2. What is the yearly cycle for this course?

 [ ] All Years [ ]  Even Years [ ]  Odd Years [ ] One (1) Term Only

1. First term and year for this course: Length of Instruction (Weeks):
2. Prerequisites:
	1. Instructor / Advisor consent required? [ ]  Yes [ ]  No
	2. Prerequisites Catalog # Prerequisite Course Title

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* 1. Additional Prerequisites:
1. Proposed Effective Date (Term and Year):
2. DESCRIBE LIBRARY AND INFORMATION TECHNOLOGY RESOURCES AVAILABLE TO

SUPPORT COURSE: If insufficient library sources are available, describe alternatives that will be used.

1. IN WHAT WAY IS THIS COURSE PREFERABLE TO THE COURSE BEING REPLACED?
2. WHAT IS THE ANTICIPATED CLASS SIZE AND DOCUMENT INDICATIONS ON HOW THE NEW COURSE WILL MEET ITS PROJECTED SIZE?

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1. STATE HOW THE NEW COURSE WILL BE COVERED BY EXISTING PROGRAM FACULTY?
2. IS THE OLD COURSE PART OF ANY OTHER PROGRAM? IF SO, PLEASE ATTACH EVIDENCE THAT YOU HAVE INFORMED THAT PROGRAM OF YOUR INTENTION TO REPLACE THIS COURSE (E.G. AN EMAIL, ETC.)
3. IS THIS COURSE SIMILAR TO ANY EXISTING COURSES AT UOG? IF SO, WHAT COURSES? IF THERE ARE SIMILAR EXISTING COURSE/S, PLEASE JUSTIFY THE NEED FOR THIS NEW COURSE.
4. ADDITIONAL INFORMATION:

# COURSE OUTLINE FORM

College: Course Number:

Course Title:

Credit Hours:

Date of Final Approval:

 Course counts as: [ ]  general education requirement

 [ ]  part of program

 [ ]  elective

1. Course Description:
2. Course Content:
3. Rationale for the Course
4. Skills and Background Required or Expected:
5. Teaching Methodologies:
6. Student Learning Objectives (SLO):
7. Assessment Methods for Student Learning Outcomes (SLO):
8. Methods of Evaluation (How are students graded?):
9. Required and Recommended Textbooks, Readings, or Study Guides:
10. Subsequent Courses:
11. Additional Course Descriptors, if any:

The Calendar of Assignments, Assessment Project, a Statement Concerning the “Americans with Disabilities Act” (ADA) Accommodations for Students, Attendance and Grading Policies are to be included in the course syllabus.

APPROVAL RECOMMENDED BY:

UNIT SIGNATURE (use **BLUE** ink please) DATE

 For Program

 Division Chair

 Chair, College AAC/CC

 Dean

 Technical Review (DESC)

 UCRC/GCRC

 President, Faculty Senate

(Endorsement of UCRC/GCRC Recommendation)

#  APPROVED:

 SENIOR VICE PRESIDENT & PROVOST DATE

NOTE: COPIES OF CURRENT COURSE OUTLINES WILL BE HOUSED IN RESPECTIVE DEAN”S OFFICES, THE OFFICE OF THE PROVOST AND THE CURRICULUM UNIT OF ADMISSIONS & RECORDS.