AA FORM 60—REQUEST FOR A NEW COURSE

Governors State University

I. PROPOSED COURSE INFORMATION:

College: ☐ CAS ☐ CBPA ☐ COE ☐ CHHS

Individual Initiating Request _____ Date _____

Course Title: _____

(max. 31 characters including spaces)

Course Number: ____ ____ Dept./Division ____ ____ Discipline

Level of Content: ☐ 300 - 400 ☐ 500 ☐ 600 - 700 ☐ 800

____ Suggested Index No.

Associated Major/Concentration:_____ Level: ☐ UG ☐ G ☐ D

Course is ☐ required OR ☐ elective

Credit hours: ☐ 1 ☐ 2 ☐ 3 ☐ Other _____

Grading option: ☐ Graded ☐ CO Continuous Registration ☐ Pass/No Credit

Has this course number been used in the last 5 years?

☐ Yes ☐ No

Prerequisites:_____

_____

Minimum grade for prerequisite?

☐ No ☐ Yes _____Grade

Can this course be repeated for credit? ☐ Yes ☐ No Maximum times can be taken for credit_____

Do repeated hours count toward degree requirement? ☐ No ☐ Yes If yes, maximum hours? _____

Illinois Articulation Initiative (IAI) Yes ☐ No ☐ If yes, a rationale statement must be attached. ☐ Not applicable.

Is this course to be designated as a Writing Intensive Course? Yes ☐ No ☐

Is this course to be designated as a Technology Intensive Course? Yes ☐ No ☐

CIP code to be completed by the Provost's Office

_____

II. SCHEDULING INFORMATION:

Academic year for which new course is to begin: AY_____ Scheduled terms: ☐ Fall ☐ Spring ☐ Summer Session

III. REASONS SUPPORTING REQUEST:

Supporting Documentation: ☐ A completed syllabus must be attached.

Estimated enrollment per section: ☐ 5-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26+

Where offered: ☐ On-campus, specify: ☐ Day ☐ Evening ☐ Weekend

☐ Off-campus, specify site:_____

Students to be served: ☐ Majors, specify: _____ ☐ Non-majors, specify:_____

Organization/Institution (if any) requesting course: _____

Instructional Method Codes

LD - Lecture Discussion ____
SL - Science Lab____
LS - Lab (Non-Science) Studio____
HR - Human Relations Lab____
SV - Supervisory Courses____
IS - Independent Studies____
TP - Graduate Thesis/Project____
MB - Media Based____
FM - First-Time Pre-Packaged Instruction____
IC - Interactive Classes____
TU - Tutorial____

IV. RECOMMENDATIONS:

_____ Division/Department Chair Date

_____ Dean of College Date

APPROVAL:

_____ Faculty Review Rep. Date

_____ University Curriculum Committe Chair Date

_____ *Graduate Council Chair Date

_____ Provost Date

AA Form 60 Copies: Dean, Division/Department Chair, Registrar, UCC Chair, GC Chair, Provost, Individual Initiating Request *For graduate courses only

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