

## INSTRUCTIONS & TIMELINES

1. FILL OUT THE FORM COMPLETELY WITH APPROPRIATE SIGNATURES AND ATTACH THE COURSE SYLLABUS USING THE SYLLABUS TEMPLATE.
2. EMAIL THE COMPLETED DOCUMENTS TO [GSCURRICULUM@MCW.EDU](mailto:GSCURRICULUM@MCW.EDU) NO LATER THAN DECEMBER 1 TO BE APPROVED FOR THE FOLLOWING ACADEMIC YEAR.
3. THE COURSE WILL BE REVIEWED ADMINISTRATIVELY FOR COMPLETENESS BY THE GRADUATE SCHOOL.
4. THE COURSE WILL BE FORWARDED TO THE GSC CURRICULUM COMMITTEE FOR REVIEW.
5. IF APPROVED BY THE COMMITTEE, THE COURSE WILL BE PRESENTED AT THE NEXT GSC MEETING. IF ADDITIONAL CLARIFICATION IS NEEDED, THE COURSE WILL BE SENT BACK FOR ADDITIONAL INFORMATION.
6. AFTER THE INITIAL PRESENTATION AT GSC, THE COURSE WILL BE VOTED ON ELECTRONICALLY.
7. AFTER VOTING HAS CLOSED AND IF THE COURSE IS PASSED, THE COURSE WILL BE ADDED TO THE COURSE CATALOG FOR THE FOLLOWING ACADEMIC CALENDAR YEAR IN MCWCONNECT.
8. THIS PROCESS SHOULD TAKE APPROXIMATELY 6 WEEKS. PLEASE PLAN ACCORDINGLY. THE FINAL DATE SET BY THE OFFICE OF THE REGISTRAR TO HAVE ALL COURSES APPROVED BY IS FEBRUARY 1.

## COURSE INFORMATION

COURSE TITLE \_\_\_\_\_

SPONSORING PROGRAM \_\_\_\_\_

ANTICIPATED TERM     FALL         SPRING     SUMMER

OFFERING         YEARLY     EVERY TERM     EVERY OTHER YEAR     AS NEEDED

TERM LENGTH – FOR EXAMPLE REFERENCE THE GRADUATE SCHOOL [ACADEMIC CALENDAR](#)

FALL         SPRING

18 WEEKS    16 WEEKS    12 WEEKS    6 WEEKS    OTHER \_\_\_\_\_

SUMMER ONLY

11 WEEKS    9 WEEKS     OTHER \_\_\_\_\_

AUDIENCE (SELECT ALL THAT APPLY)    DOCTORAL         MASTERS         CERTIFICATE

INSTRUCTION     CLASSROOM     ONLINE     BY ARRANGEMENT     HYBRID

PROPOSED CREDIT VALUE \_\_\_\_\_ CREDITS - REFERENCE COURSE CREDIT CALCULATION POLICY

FIXED (EXAMPLE 3 CREDITS)     VARIABLE RANGE (EXAMPLE 1-3 CREDITS)

GRADING SCALE     STANDARD (A, B, C)     PROFICIENCY (E, G, S, U)     PASS/FAIL

PROJECTED STUDENT ENROLLMENT \_\_\_\_\_

PREREQUISITES (MCW COURSES ONLY) \_\_\_\_\_

DOES THIS COURSE OVERLAP WITH AN EXISTING MCW COURSE         YES         NO

IF YES, WHAT COURSE \_\_\_\_\_

EXPLAIN THE NEED FOR THE COURSE AND HOW IT FITS WITH CURRENT CURRICULUM

COURSE DESCRIPTION

**ATTACH COURSE SYLLABUS TO THIS FORM.**

### APPROVAL SIGNATURES

BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOU HAVE EVALUATED YOUR CURRICULUM AND FEEL THIS COURSE ADDS TO THE EDUCATION OF STUDENTS. YOU ALSO ACKNOWLEDGE THAT YOU HAVE SPOKEN TO EACH FACULTY MEMBER LISTED ON THE SYLLABUS AND THEY HAVE AGREED.

	PRINTED NAME	SIGNATURE	DATE
<b>COURSE DIRECTOR</b>			
<b>PROGRAM DIRECTOR</b>			

SUBMIT COMPLETED FORM AND SYLLABUS TO [GSCURRICULUM@MCW.EDU](mailto:GSCURRICULUM@MCW.EDU)