

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 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 ADDED TO THE COURSE CATALOG FOR THE FOLLOWING ACADEMIC CALENDAR YEAR IN MCWCONNECT.
- 6) IF THE GSC CURRICULUM COMMITTEE WOULD LIKE TO REQUEST A GSC VOTE, THE COMMITTEE HOLDS THE RIGHT TO MAKE THE REQUEST.
- 7) THE ENTIRE 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

CURRENT COURSE TITLE _____

NEW COURSE TITLE _____

CURRENT PROGRAM _____ CURRENT COURSE NUMBER _____

NEW PROGRAM (IF APPLICABLE) _____

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

CREDIT VALUE – REFERENCE COURSE CREDIT CALCULATION POLICY

CURRENT CREDITS _____ NEW PROPOSED CREDITS (IF APPLICABLE) _____

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) _____

EXPLAIN THE SUBSTANTIAL CHANGES PROPOSED

UPDATED COURSE DESCRIPTION (IF APPLICABLE)

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
COURSE DIRECTOR			
PROGRAM DIRECTOR			

SUBMIT COMPLETED FORM AND COURSE SYLLABUS TO GSCURRICULUM@MCW.EDU