

INSTRUCTIONS & TIMELINES

- 1) EMAIL THIS COMPLETED FORM AND COURSE SYLABUS TO GSCURRICULUM@MCW.EDU NO LATER THAN DECEMBER 1 TO BE APPROVED FOR THE FOLLOWING ACADEMIC YEAR.
- 2) THE COURSE WILL BE REVIEWED ADMINISTRATIVELY FOR COMPLETENESS BY THE GRADUATE SCHOOL.
- 3) THE COURSE WILL BE FORWARDED TO THE GSC CURRICULUM COMMITTEE FOR REVIEW.
- 4) IF APPROVED BY THE COMMITTEE, THE COURSE WILL BE ADDED TO THE COURSE CATALOG FOR THE FOLLOWING ACADEMIC CALENDAR YEAR IN MCWCONNECT.
- 5) IF THE GSC CURRICULUM COMMITTEE WOULD LIKE TO REQUEST A GSC VOTE, THE COMMITTEE HOLDS THE RIGHT TO MAKE THE REQUEST.
- 6) 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

SESSION LENGTH – REFERENCE THE GRADUATE SCHOOL [ACADEMIC CALENDAR](#)

☐ FALL ☐ SPRING

☐ 18 WEEKS ☐ 16 WEEKS ☐ 12 WEEKS ☐ 6 WEEKS ☒ OTHER _____

☐ SUMMER

☐ 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)

REPEAT REGISTRATION (TAKE COURSE MORE THAN ONCE, E.G. SEMINAR, READING AND RESEARCH) ☐ YES ☐ NO

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

ALLOW STUDENTS TO [AUDIT](#) ☐ YES ☐ NO

COURSE TYPE ☐ REQUIRED CORE ☐ REQUIRED ELECTIVE ☐ ELECTIVE ☐ OTHER _____

SUBSTANTIAL CHANGE TO COURSE

ALLOW VISITING STUDENTS ☐ YES ☐ NO

PROJECTED STUDENT ENROLLMENT _____

PREREQUISITES (MCW COURSES ONLY) _____

DOES THIS COURSE OVERLAP WITH AN EXISTING MCW COURSE ☐ YES ☐ NO

IF YES, WHAT COURSE _____

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