

**COURSE INFORMATION**

**INSTRUCTIONS AND TIMELINE**

- 1) Fill out the form completely with appropriate signatures and attach the course syllabus using the syllabus template.
- 2) Email the completed documents to Angela Backus at abackus@mcw.edu by the 1st of the month.
- 3) The course will be reviewed administratively for completeness within three days.
- 4) The course will be forwarded to the 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) Two weeks 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 in MCWConnect.
- 8) The entire process should take approximately 6 weeks. Please plan accordingly. The final date to have all courses approved and in MCWConnect is February 1.

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

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

ANTICIPATED TERM:     FALL       SPRING       SUMMER

OFFERING:           YEARLY       EVERY TERM       EVERY OTHER YEAR       AS NEEDED  
OTHER: \_\_\_\_\_

AUDIENCE (select all that apply):     PHD       MASTERS       CERTIFICATE

INSTRUCTION:       CLASSROOM       DISTANCE       BY ARRANGEMENT

TERM LENGTH:  18 WEEK    16 WEEK    12 WEEK    6 WEEK  
                                Summer only\*    11 WEEK \*    9 WEEK \*

PROPOSED CREDIT VALUE:    \_\_\_\_\_       FIXED       VARIABLE

GRADING SCALE:       STANDARD (A, B, C)       PROFICIENCY (E, G, S, U)

PROJECTED ENROLLMENT: \_\_\_\_\_

PREREQUISITES: \_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

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

**COURSE DESCRIPTION:**

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**PLEASE ATTACH COURSE SYLLABUS TO THIS FORM USING THE GRADUATE SCHOOL SYLLABUS TEMPLATE\***

**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 to

	Printed Name	Signature	Date
Course Director			
Program Director			

**ADMINISTRATIVE USE ONLY**

Date Submitted		Presented GSC		Committee Approved	
Date Reviewed		GSC Approved		MCWConnect	