**SAM HOUSTON STATE UNIVERSITY
NEW COURSE ADDITION REQUEST FORM**

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| **Directions: New Course Addition Request** form is to be used to support each request for a new course.  The **form** must be completed in its entirety. An incomplete form will not be eligible for review and will be returned to the department/college for resubmission.**Notes:** *All course prefix and numbers must be verified by the Office of the Registrar’s prior to submission to Academic Planning and Program Development.* *Online mode of delivery requires submission of additional documentation to* [*SHSU Online*](https://online.shsu.edu/campus/forms/Online_Course_Request_Approved_CAD_Faculty_Senate_07-11-2023.pdf) *for review and approval.***Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.**University Curriculum Committee**: [Belonging Resources Statement](#Check1" \o " The pursuits of excellent teaching and fostering a campus environment that welcomes a wide range of perspectives are intertwined and integral to achieving Sam Houston State University’s mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversified curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.)*\* Asterisk denotes headers with directional information.**.*  |

**I. Course Identification:** *For the use of Academic Planning & Program Development and the Registrar’s Office.*

1. Proposed prefix and number: Click or tap here to enter text.
2. Proposed title (30 Character Max): Click or tap here to enter text.
3. Proposed long title (60 Character Max): Click or tap here to enter text.
4. Proposed catalog description including prerequisites and credit: Click or tap here to enter text.
5. Provide the CIP Code for the course: Click or tap here to enter text. [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/)
6. Will this course receive a standard letter grade (A, B, C, etc.)? [ ]  Yes [ ]  No
If not a standard letter grade, will this course receive a CR/NC? [ ]  Yes [ ]  No
7. Is this course designated as a Lecture, Lab, Practicum, Seminar, Independent Study or Private Lesson, Thesis, Dissertation, Individualized or Clinical course? [ ]  Yes [ ]  No
If yes, identify: Choose an item.
8. Will this course be offered as [ ]  face-to-face, [ ]  hybrid/blended, [ ]  online, or [ ]  online-live? (Please, select all that apply).
**Note:** Online requires submission of additional documentation to [SHSU Online](https://online.shsu.edu/campus/faculty-services/documents_and_forms.html#request-forms) for review and approval.
9. Companion course/Co-requisite:Click or tap here to enter text.
10. May course be repeated for credit?[ ] Yes [ ]  No
11. Maximum number of credit hours that can be earned:Click or tap here to enter text.
12. Is course eligible to receive a grade of IP? [ ]  Yes [ ]  No
If yes, justification:Click or tap here to enter text.
13. Is this course exempt from the 3-peat charge? [ ]  Yes [ ]  No
If yes, justification:Click or tap here to enter text.
14. Is the proposed course eligible to be offered as writing enhanced? (Applies only to undergraduate courses) [ ]  Yes [ ]  No
If yes, complete attached Writing Enhancement Supplement.
15. Identify the majors and/or minors for which this course will be required: Click or tap here to enter text.
16. Identify the majors and/or minors for which this course may be an elective: Click or tap here to enter text.

**II. Statement of Need and Program Compatibility:**

1. \*[Justify the need for the course:](#Justification" \o "Justify the need for this course, including how the proposed course will support the present program curriculum. ) Click or tap here to enter text.
2. \*[Personnel Rotation Impact:](#PersonnelRotationImpact" \o "Explain how the addition of this course will directly or indirectly influence personnel rotation, inventory of courses, degree requirements, other, etc. )Click or tap here to enter text.
3. \*[Similar Course Identification and Department Chair Approval:](#SimilarCourseApproval" \o "Identify courses with similar titles or similar contents currently offered in other departments.  Explain how this course is different.  Identify the department chairs, offering courses with similar titles or contents, who have approved this proposal.)Click or tap here to enter text.

**Note: Department Chair confirmation of notification communication must accompany submission.**

**III. Course Content:**

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**[Upon completion of this course, the student will be able to:](%5C%5C%5C%5Cwinfscommon%5C%5Ccommon%5C%5CAcad%20Plan%20Assmt%5C%5CAPPD%20ProgDev_Curr%20Forms%5C%5CAPPD_SHSU%20Curriculum%20Forms%5C%5C2023-2024%20SHSU%20Curriculum%20Forms%5C%5Cintroduce%22%20%5Cl%20%22_Approval_Recommendation_Signatures%3A%22%20%5Co%20%22List%20the%20course%20objectives%20as%20expected%20student%20outcomes.%20%20Objectives%20should%20be%20specific%2C%20measureable%2C%20and%20appropriate%20for%20the%20course%20level.%20Identify%20the%20topics%20to%20be%20covered%20and/or%20activities%20assigned%20during%20each%20week%20of%20the%20semester%20and%20their%20relationship%20to%20the%20above%20stated%20course%20learning%20objectives.%20)**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

\***[15-Week Schedule](#_Approval_Recommendation_Signatures:" \o " Identify the topics to be covered and/or activities assigned during each week of the semester and their relationship to the above stated course learning objectives:)**

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| **WEEK** | **TOPIC/ACTIVITY** |  **COURSE OBJECTIVE #** |
| Week 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 4 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 5 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 6 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 7 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 8 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 9 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 10 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 11 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 12 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 13 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 14 | Click or tap here to enter text. | Click or tap here to enter text. |
| Week 15 | Click or tap here to enter text. | Click or tap here to enter text. |

**IV.** **[\*](#Library" \o "This section is to help the library review the adequacy of the current collection and plan for the future allocation of resources to better meet the needs of students enrolled in this course)****[Library materials required for this course:](#Library" \o "This section is to help the library review the adequacy of the current collection and plan for the future allocation of resources to better meet the needs of students enrolled in this course)**

1. [Please examine the current library resource holdings here.](https://library.shsu.edu/)

If the library does not already hold a resource, please identify **specific** resources that the Library needs to **acquire** in support of this course. These resources could include but are not limited to (both print and electronic) books, journals, electronic databases, etc. Please identify **new titles** that should be acquired or **subject areas** in the collection that may need to be **enhanced** or **updated**.

 *If you would like some pointers on how to search library resources,* [*you may consult this guide.*](https://shsulibraryguides.org/Library_Resources_for_Course_Curriculum) *If you’d like to consult your* [*subject specialist librarian*](https://library.shsu.edu/about/subject.html) *on resources, please contact them.*

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| **Resource Type** | **Format (Print, Electronic, or Both)** | **New titles needed or subject area to be enhanced** |
| Click or tap here to enter text.  | T | Click or tap here to enter text. |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text. |
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| **After this form has been completed, contact a Bibliographer/Librarian to complete the Library Collection Review (LCR) form. The LCR form should be attached to the New Course Addition form before the form is forwarded to your College Curriculum Committee.** |

**V. Library Collection Review for Proposed Course:**

Proposed Course Prefix and Number: Click or tap here to enter text.

Proposed Title:Click or tap here to enter text.

1. Results of the librarian’s review of the adequacy of library holdings to support the proposed course content areas and assignments. Please be specific and indicate whether the subject areas of the course require new expenditures or are already included in the collection due to library support of courses with similar information needs.

Click or tap here to enter text.

1. Identify additional resources that are likely to be needed, and the approximate cost of the materials.

Click or tap here to enter text.

1. Bibliographer’s comments (state any concerns regarding the library’s support of the course).

Click or tap here to enter text.

Bibliographer:Click or tap here to enter text.
Date:Click or tap here to enter text.

Library Director:Click or tap here to enter text.
Date: Click or tap here to enter text.

**VI. Writing Enhanced Supplement (Optional):**

Proposed Course Prefix and Number: Click or tap here to enter text.

Proposed Title: Click or tap here to enter text.

Briefly explain how the writing requirement will be met in this course, keeping in mind that 50% or more of the course grade must be derived from written assignments, either formal or informal.

Click or tap here to enter text.

Reviewer’s Notes: Click or tap here to enter text.

Writing Enhanced Committee Chair:Click or tap here to enter text.
Date:Click or tap here to enter text.

**VII. New Course Addition Checklist:**

[ ]  The version of New Course Addition form currently posted on the [Office of Academic Planning and Program Development](https://www.shsu.edu/dept/academic-planning-and-assessment/) website under Curriculum/Forms is being used.

[ ]  Font is Arial, 11 pt., no bold, no “all caps.”

[ ]  Every question has a response. If there is not an affirmative response, use “N/A,” “No,” or “None” as appropriate.

**Part I – V**

[ ]  I.a. Newly proposed prefix and/or number has been verified by the Registrar’s Office.

[ ]  I.c. Non-abbreviated proposed title.

[ ]  I.d. The catalog description is in complete sentences.

[ ]  Course catalog descriptions should be understandable to members outside the discipline. Avoid acronyms, abbreviations, and terminology specific to the discipline not usually recognized by the general public. Commonly recognized terminology is acceptable, e.g., NASA, DNA, S Corporation.

[ ]  The final sentence of the catalog description lists any prerequisites, followed by credits, e.g., Prerequisite: ENGL 1301. Credit 3.

[ ]  Use terms such as “basic,” “fundamental,” “introduction,” and “overview” sparingly. Upper division courses should seldom be introductory.

[ ]  I.i. Companion courses require concurrent enrollment. This is a rare occurrence. If applicable, the companion course should be listed in the course description.

[ ]  II.b. There is nearly always an impact if a new course is added. Adding a new course may require that new faculty be hired, or existing teaching assignments be modified, existing courses be deleted, or degree requirements be modified. Offer specific explanation of the modifications.

[ ]  II.c. Review SHSU course offerings to identify courses with similar titles or content. Error in favor of listing courses that potentially could overlap. Include **required** documentation of discussions with appropriate departmental chairs.

[ ]  IV. The library has been supplied with an electronic copy of this course request **at least 2 weeks** prior to the college submission deadline.

**Developed by Department Head/Faculty:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Approved by Department Chair:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**END FORM**

**Approval Recommendation Signatures**

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| **Approval Recommendation Signatures** |
| **Approved by Department Head/Faculty** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by Department Chair** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by Department CC** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by College CC** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by Academic Dean** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by Director of APPD**  | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **1Approved by University CC** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by ACC/Provost** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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 **CC = Curriculum Committee
APPD = Academic Planning and Program Development**

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| **APPD Use Only**

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| **Added to Catalog** [ ]  |
| Date: Click or tap here to enter date. |
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| **Added to Banner** [ ]  |
| Date: Click or tap here to enter date. |
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**Directional Prompts**

**STATEMENT OF NEED AND PROGRAM COMPATIBILITY**

1. Justify the need for this course, including how the proposed course will support the present program curriculum.
2. Explain how the addition of this course will directly or indirectly influence personnel rotation, inventory of courses, degree requirements, other, etc.
3. Identify courses with similar titles or similar contents currently offered in other departments. Explain how this course is different. Identify the department chairs, offering courses with similar titles or contents, who have approved this proposal.

**COURSE CONTENT**

List the course objectives as expected student outcomes. Objectives should be specific, measurable, and appropriate for the course level.

Identify the topics to be covered and/or activities assigned during each week of the semester and their relationship to the above stated course learning objectives.

**LIBRARY MATERIALS REQUIRED FOR THIS COURSE**

This section is to help the library review the adequacy of the current collection and plan for the future allocation of resources to better meet the needs of students enrolled in this course.