



This is a request for reactivation of a course in the system. Yes No

ADDING A NEW COURSE TO THE CURRICULUM

New courses are available beginning with the fall term in which they appear in the University Catalog.

SUBJECT _____ COURSE NO.* _____ CREDIT HOURS _____ ACADEMIC YEAR TO BE ADDED TO THE FILE _____
(e.g., CSE) (e.g., 1301) (e.g., Fall 2018)

*Justify level if 1000-level+ and no co- or prerequisites _____

CLASS HOURS _____ LECTURE HOURS _____ LAB HOURS _____ CONTACT HOURS (CEU ONLY) _____

DEPARTMENT _____ SCHEDULE TYPE _____
(e.g., Biological Sciences) (e.g., Lecture, Lab or Special Topics/Project)

- COLLEGE OF AERONAUTICS—23 COLLEGE OF ENGINEERING AND SCIENCE—30
- COLLEGE OF PSYCHOLOGY AND LIBERAL ARTS—25 NATHAN M. BISK COLLEGE OF BUSINESS—24

COMPUTER TITLE _____ Restricted to 25 characters, including spaces

This course will be entered into the system as: Bi-Level Cross-Listed Dual-Numbered Full-Load None of these/Standard Listing

CATALOG TITLE _____

CATALOG DESCRIPTION OF COURSE Restricted to 350 characters, including spaces

This description has been approved by the catalog office _____
Catalog & Curriculum Manager Date

In addition, please attach a course syllabus and/or more detailed description.

RESTRICTIONS		GRADES TO BE ISSUED
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> A, B, C, D, F
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> A, B, C, D, F, CEU/Audit
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> CEU
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> S, U
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> P, F
_____ <small>Course Prefix/Number</small>	<input type="checkbox"/> Prerequisite ONLY <input type="checkbox"/> Corequisite ONLY <input type="checkbox"/> BOTH Prerequisite/Corequisite <input type="checkbox"/> and <input type="checkbox"/> or	<input type="checkbox"/> Other _____

ADDITIONAL RESTRICTION and or _____
(e.g., Major, Class Level, Department Head Approval)

Please indicate old course information and the date/term the course may be removed from the system: _____

- Yes No Will this course be used to measure program-level student learning outcomes? *If yes, review and signature required.***
- Yes No Will this course be used to satisfy the scholarly inquiry requirement? *If yes, attach "Q" materials for review.*
- Yes No Will this course impact any existing programs? *If yes, attach "Changing Graduation Requirements" form for each program impacted.*
- Yes No Will this course be used to satisfy the Cross Cultural (CC) requirement? *If yes, attach confirmation memo from QEP2 Committee.*

APPROVALS: On completion of description and course number verification, affix appropriate signatures as indicated, and submit to the Office of Graduate Programs, or Undergraduate Curriculum Committee Chair for placement on agenda.

Originator _____ <small>Date</small>		Chair, Graduate Council _____ <small>Date</small>
Department Head/Program Chair _____ <small>Date</small>		OR
Dean or Associate Dean _____ <small>Date</small>		Chair, Undergraduate Curriculum Committee _____ <small>Date</small>
**Chair, APAC _____ <small>Date</small>		

CATALOG & CURRICULUM MANAGER	REGISTRAR'S USE ONLY
These changes/additions have been made for the _____ University Catalog and entered into the BANNER term named above.	SCACRSE _____ SCADETL _____ SCAPREQ _____ SCABASE _____ ACALOG _____
Catalog & Curriculum Manager _____ <small>Date</small>	SCARRES _____ CIP Code _____ Operator Init. _____ Date _____

Florida Institute of Technology ▪ Office of the Registrar