

New Course Instructions

- ✓ Do not use & symbol in the course title. Please spell out the word (& ok for abbreviated title).
- ✓ A syllabus is required for all new course applications that will be offered for more than one quarter.
 - ✓ Minimum requirements for submitted syllabus:
 - ✓ Course overview and curriculum content
 - ✓ Learning Goals/Objectives unique to the course not the overall program of study.
 - ✓ Required Texts, readings, films, websites, etc
 - ✓ Evaluation and grading to include information on expectations for assignments, projects, exams, etc., should include relative % for each area.
 - ✓ Weekly Course Schedule
 - ✓ For information on creating a course syllabus see CIDR's "Planning the Course Syllabus": (<http://depts.washington.edu/cidrweb/Bulletin/Syllabus.html>)
- ✓ If you would like this course to be part of an approved elective list for your major/minor/option, please check the box in the purpose of request and list the program(s) it needs to be added to.
- ✓ Additional instructions on how to fill out this form can be found online at <http://depts.washington.edu/uwcr/instructions.html>.

Preferred submission method:

- a) The Original signed, **single-sided** application, with a syllabus (and DL application if appropriate) included.
- b) One copy, double sided and **stapled**. 1 staple per copy only please, and remember to copy both sides.
Note: Departments in the College of Arts & Sciences submit just the original to the College.

Note: If the application is for a new course that is joint between two or more units within the same College or School please include 2 additional copies per joint unit.
- c) Either paper-clip or binder-clip the copy behind the original. You should only need 1 paper clip per original and copy.
- d) You **DO NOT** need a Memo of Responsibility for new course applications.

** Please do not group applications together. Submit each application separately paper-clipped or binder-clipped. This helps make sure an application does not get lost.

NEW COURSE APPLICATION

**University of Washington
Curriculum Review Committee**

For Office Use Only:



Prefix (6 characters max.)

Number

Offered jointly with:

College or School	Department	Date
Course Title		Credits
Abbreviated title for transcripts (not to exceed 19 characters, including spaces, Type in CAPS):		

1. PURPOSE OF REQUEST

- Permanent new course, to be effective _____ Quarter 20_____.
- Temporary new course , to be offered beginning _____ Quarter 20_____ through _____ Quarter 20_____.
- Extension of a temporary new course , to be offered beginning _____ Quarter 20_____ through _____ Quarter 20_____.
- Conversion of a temporary new course , to be offered beginning _____ Quarter 20_____.
- Equivalent new course to be offered beginning _____ Quarter 20_____. (Must also complete section 8)

- Approval to offer this course as a Distance Learning (DL) status course. (Please attach Distance Learning Supplement form.)
- Permanent CR/NC grading only.
- Enforce automatic cancellation of registration if prerequisites not met (undergraduate classes only)
- Application is accompanied by an application to drop or change an existing course that has the same course number as the course requested here.
- Add course to the following approved major/minor/option elective lists:

Attach a course syllabus/outline and reading list if this course will be offered for more than one quarter.

2. JUSTIFICATION and CONTACT INFORMATION

Explain why this course is being proposed, including its relationship to your overall curriculum and what comes before and after this course. Please list contact information for individual(s) submitting this application. (Attach additional sheet if necessary.)

Contact Name:	Phone:	Email:	Box #:
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3. CATALOG DATA/COURSE DESCRIPTION

If course is below the 500 level, the department can recommend that it be accepted toward the following undergraduate general education requirements. Check all applicable categories Areas of Knowledge VLPA I&S NW QSR C

Catalog description (***Must be double spaced.***)
(50-word limit)

Optional Catalog information (include only if you want this information listed in the *General Catalog* description):

Names and ranks of probable instructors (Include curriculum vitae for any instructor not now on the University faculty)

Quarter(s) offered (A, W, Sp, S) _____

4. CREDITS AND HOURS

a. Contact and outside hours: *1 credit represents a total time commitment of 3 hours per week of student effort.*

Contact hours per week (complete 7a instead of 4a if course offered only as a DL course.)		
Lecture _____	Laboratory _____	
Quiz section _____	Studio _____	
Seminar _____	*Other _____	
<i>*Attach explanation and justification for "other" contact hours.</i>		TOTAL WEEKLY CONTACT HOURS:
How many additional hours will a student be expected to spend each week in preparation for this course?		TOTAL WEEKLY OUTSIDE HOURS:
		TOTAL WEEKLY CONTACT AND OUTSIDE HOURS:

b. If variable credit, how will the number of credits awarded be related to the amount of student effort required?

c. How will students be evaluated for credit or grades? Provide specific information on assignments, projects, exams, etc. and relative % for each area.

5. STUDENTS

a. Anticipated enrollment per quarter _____.

b. Types of students expected: Undergraduate Majors/Minors Graduate Students Non-Matriculated Students
 Undergraduate non-majors Professional Students

6. LEARNING OBJECTIVES

By the end of the course, students will demonstrate the ability to:

7. DISTANCE LEARNING

If there will be sections of the course that are delivered partially or wholly as distance learning, attach a syllabus for the DL course as well as the in-classroom syllabus, if both are planned.

a. Contact and outside hours: *1 credit represents a total time commitment of 3 hours per week of student effort.*

Contact hours per week Face-to-Face		Contact hours per week distance learning		
Lecture _____	Laboratory _____	Interactive lecture _____	Recorded lecture _____	
Quiz section _____	Studio _____	Live chat _____	Discussion board _____	
Seminar _____	*Other _____	*Other _____		
<i>*Attach explanation and justification for "other" contact hours.</i>		<i>*Attach explanation and justification for "other" contact hours.</i>		TOTAL WEEKLY CONTACT HOURS:
How many additional hours will a student be expected to spend each week in preparation for this course?				TOTAL WEEKLY OUTSIDE HOURS:
				TOTAL WEEKLY CONTACT AND OUTSIDE HOURS:

b. what are the specific means of content delivery used in the distance learning portions of the course?

c. will the course be offered in a synchronous (students work through the material at the same, pre-determined pace) or asynchronous (students work through material at their own pace) mode?

d. If this DL course is also being offered as a separate version in the classroom, please describe how the DL instructor will coordinate expected learning outcomes, examinations, and grading with the classroom instructor.

e. How will examinations be administered securely? Describe safeguards for academic integrity.

f. Describe how students will receive feedback throughout the course and how student learning will be assessed.

g. How will students interact with the instructor and other students? Will there be any face-to-face meetings with the instructor and other students?

8. JOINT COURSE

List all departments, schools, or colleges participating. Joint course applications require a signature from each unit.
(If units from more than one school or college participate, a separate application must be filed by each.)

Name of unit (List the unit responsible for administering the course first)	Course prefix and number	New Course	Existing Course	Signature of chair/director

9. OTHER COLLEGES, SCHOOLS, OR DEPARTMENTS AFFECTED and COURSE EQUIVALENCY

If this course includes subject matter currently dealt with by any other University units, the originating department must circulate this application for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this application.

Courses requesting to be approved as equivalent to a course on one or more University of Washington campuses must have the chair/dean/director of each unit currently offering the course to sign below.

Name of unit	Signature of dean/chair/director	Equivalent Course(s) (if applicable)	Recommend approval	Recommend disapproval (attach explanation)	Date

10. APPROVAL

Date _____

Chair/Director of submitting department/unit _____

College Curriculum Committee _____

College Dean/Vice Chancellor _____