

THE COLLEGE OF NEW JERSEY
COURSE APPROVAL/CHANGE FORM

- ☐ New Course
☐ Deactivate course
☐ Modify Course

Does this replace a previous course? ☐ No ☒ Yes, course number
(A previous course may be replaced by **one** new course.)

Course name:

(30 characters, including spaces, maximum)

Course number (with number (If NEW, number may be suggested, but final prefix): assigned by Scheduling)

Term effective date:

School (select one) ☒ Arts and Communication ☐ Business ☐ Humanities & Social Sciences ☐ Education
☐ Engineering ☐ Nursing/HES ☐ Science ☐ No school (explain in comment box)

Course level (if undergraduate) ☐ 100 ☒ 200 ☐ 300 ☐ 400 ☐ 09x
(if graduate) ☐ 500 ☐ 600 ☐ 700

Proposed units: (if undergraduate) ☒ 1 = 4 SH ☐ .75 = 3 SH ☐ .5 = 2 SH ☐ .25 = 1 SH ☐ variable (explain in comment box)

(if graduate) ☐ 1 credit ☐ 2 credits ☐ 3 credits ☐ 4 credits ☐ 5 credits ☐ 6 credits ☐ variable (explain in comment box)

Is course repeatable for credit? ☐ Yes ☒ No If yes, how many times?

Are there pre-requisites? ☐ Yes ☒ No If yes, specify using "and", "or" to clarify:

Are there co-requisites? ☐ Yes ☒ No If yes, specify using "and", "or" to clarify:

Grade Type: ☒ Standard letter grade (GR) ☐ Pass/Unsat with credit (PU) ☐ Pass/Unsat no credit (DC) ☐ Other (explain in comment box)

Offering schedule: ☐ fall only ☒ spring only ☐ fall and spring ☐ summer only ☐ all terms ☐ occasionally

Activity code for primary activity: ☐ Lecture /discussion (LDI) ☐ Lecture (LEC) ☐ Seminar (SEM) ☒ Lecture/ Studio (LSU)
☐ Interactive Proficiency (INA) ☐ Independent Research (INR) ☐ Independent Study (IND) ☐ Advance Tutorial/ Group Study (GPS)
☐ Group Research (RES) ☐ Large Ensemble (ENL) ☐ Moderate Sized Ensemble (ENS) ☐ Private Music Lessons (PVT)
☐ Internship (INT) ☐ Clinical (CNL) ☐ Practicum (PRA) ☐ Study Abroad Seminar
☐ Study Abroad Independent ☐ LDW

Activity code for secondary activity: ☒ No secondary activity ☐ Studio (STU) ☐ Laboratory (LAB) ☐ Practicum (PRA) ☐ Design (DES) ☐ Conversation Hour (CHR) ☐ Recitation(RCT) ☐ Conference Hour (CON)

Is this course equivalent to any other? ☐ Yes ☒ No If yes, list course number(s) and name(s):

Is this a topics course? ? ☐ Yes ☒ No If yes, what are the anticipated topic names? (This list can be added to as more topics become available.)

Are there any known Liberal Learning course attributes? ☐ Yes ☒ No If yes, please list. (This list can be altered as needed.)

Notes:

- Faculty weighted hours are determined by activity and weekly contact hours.
- Weekly contact hours are determined by the activity unless otherwise requested in the comment box below.
- Standard course cap is determined by the activity unless otherwise requested in the comment box below.

Comments:

Approvals:

_____/_____
Program Faculty Date

_____/_____
Appropriate Comm. Date
(Optional)

_____/_____
Dean Date

Once completed and approved, please forward an electronic copy of this form from the office of the dean to schedule@tcnj.edu AND attach a Word document with a short course description (approximately 50-100 words) as it will appear in the Bulletin.