

PITTSBURG STATE UNIVERSITY
Office of Graduate and Continuing Studies
Request for Creation of Course

Department/School of _____ College _____ Date Submitted _____

Effective Date _____

Title _____ Course No. _____ Credit Hours _____

Contact Hours _____ Grades (check all that apply): A-F IN P/F IP

Prerequisite(s)

Course description (as it will appear in the catalog)

Why is this course being offered?

*If course is to be part of a degree program, please also complete the Request for Degree Changes form.

Date _____ Signature, Departmental Curriculum Committee Chairperson _____

Date _____ Signature, College Curriculum Committee Chairperson (if applicable) _____

Date _____ Signature, Council for Teacher Education Chairperson (if applicable) _____

Date _____ Signature, Dean of College _____

Date _____ Signature, Graduate Council Chairperson _____

Approved for effective date: _____

Once approved, this information will be submitted to the Registrar's office for catalog changes.