## **Graduate Council Course Form**

Effective Date:	Submission I	Date:		
Department:		College of: Course		
Contact Person:				
Create New, Revise, Inacti	vate, or Reactivate:	Course #:		
Course Form:  - Used to create new course numbers or new prefixes.  - Used to change Name, Grading, Hours, Description, Reactivate  - Used to inactivate a course from the current catalog. Courses are never deleted. They are made inactive and can be legislated to become active again.				
1. Purpose/Justification for	the Changes:			
2. Is this related to, and/or a University? If "Yes", plea of emails, memos, etc.) that	se provide an explanation	nt/college/unit curricula or programs at Pittsburg State a. Provide documentation of any discussions (e.g. copies)		
· ·	No			
3. Will this course be requi If "yes," this requirement w Curriculum Legislation" in	rill need approval of the C	rs? ouncil for Teacher Education before upload to " College		
Yes	No			
4. Will additional resources required?	s or costs be			
Yes	No			
If so, what will be needed?				

the President's Counci		
Yes	No	
Course Numbers can	not be changed, only created.	
	Exsisting	New/Proposed
Title:		
Course Number:		
Credits:		
Grading System:		
Pre/Co-Requisite(s):		
•		
C D : 1:		
Course Description:		

5. Will any additional course fees be required (e.g. equipment, clothing, travel, licensing, etc.)?

## **Authorization Sign-Off**

**Checklist: Check once verified** 

	Required fields completed.  Syllabus attached for new co Assignment Strategies Attach	
Approved: Depart	ment Chair/Director	
Date:	Signature:	 
	e Curriculum Committee Signature:	_
Approved: Dean o	f College	
	Signature:	 
	l for Teacher Education (if applicable)	
Date:	Signature:	 _
Approved: Gradua	ate Council Chair	
Date:	Signature:	