



For Office Use Only

Posted By: _____ Date Posted: _____

Request to Create a New Course

Deadlines for submission to the appropriate SCRC Chair or CUC Chair:

For **one-time** or **pilot courses** (including those taught by visiting faculty or postdocs): **August 1** for Fall semester courses; **December 1** for Spring semester courses.
For regular courses: **March 1** for Fall semester courses; **October 1** for Spring semester courses.

NEW COURSE INFORMATION

Is this a one-time course or a pilot course? Yes No *If Yes, you must use a departmental special topics course number. A section of the special topics course will be created with the title you list here.*

Long Title: _____

Short Title: _____
30 character maximum

Effective Term: Fall Spring Summer Repeatable for Credit: No Yes #: _____

Effective Year: _____ Will course be taught on Rice campus?: Off Campus On Campus 100% Online

Course Subject Code: _____ Registration Permission Required: No Instructor Department

Course Number: _____ Grade Mode: Standard Satisfactory/Unsatisfactory

One-time/pilot courses should use departmental special topics course number: 238, 477, or 677.

Credit Hours: Fixed ____ Variable ____ to ____

UG/GR Equivalent: _____
If course has UG/GR equivalent, enter course number.

Contact Hours: _____
(per week)

Course Department: _____

Preparation Hours: _____
(per week)

Lead Department: _____
(if cross-listed)

Language of Instruction: _____

URL: _____ Request Distribution Credit: Group I Group II Group III

- Course Type: Lecture Independent Study Seminar
 Lab Studio Internship/Practicum
 Research Lecture/Lab Intensive Learning Experience

A list of course type descriptions is available at: <http://registrar.rice.edu/facstaff/coursetypedescription/>.

Catalog Description: _____
50 word maximum

ASSOCIATED COURSES

Pre-Requisites: _____ AND / OR _____ AND / OR _____
 AND / OR _____ AND / OR _____ AND / OR _____

Co-Requisites: _____

Recommended Pre-Requisites: _____ AND / OR _____ AND / OR _____
 AND / OR _____ AND / OR _____ AND / OR _____

Cross-Listed Courses: _____
Department Chair Signature (cross-listed course) Department Chair Printed Name (cross-listed course) Date

_____ Department Chair Signature (cross-listed course) Department Chair Printed Name (cross-listed course) Date

INSTRUCTOR INFORMATION

The instructor information provided below should be for the anticipated instructor of the course.

You must still request the course to be placed onto the Course Schedule, including informing the Office of the Registrar of the time and instructor of the course.

ID Number: _____ Position/Title: _____

Instructor Name: _____ Department Affiliation: _____

New faculty/instructor hire this year? Yes No

(Continued on next page.)

INFORMATION FOR USE IN THE EVALUATION OF THE NEW COURSE

Course Rationale — Indicate the place of the course in the major or other curricular initiative, service to non-majors, free elective, etc. If requesting that the course carry distribution credit, indicate how its content meets the relevant distribution criteria.

Course Overview — Provide an expanded course description. (Alternatively, attach a syllabus.)

Student Learning Outcomes — Indicate the anticipated student learning outcomes.

Work and Assessment — Briefly indicate the nature and amount of work required of students and plans for assessment.

Course Overlap — Are you aware of any currently offered courses with similar or overlapping content? If yes, please provide course numbers.

NEW COURSE APPROVALS - UNDERGRADUATE COURSES

Signatures required: For department courses: all
 For extra-departmental courses within a school: Program Director, Dean, and relevant SCRC Chair.
 For extra-departmental courses outside a school: Program Director, Dean, and the CUC Chair.

_____	_____	_____
<i>Chair of Department Curriculum Committee or Designee Signature</i>	<i>Chair of Department Curriculum Committee or Designee Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Department Chair or Program Director Signature</i>	<i>Department Chair or Program Director Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>School Dean Signature</i>	<i>School Dean Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>School Review Committee Chair or CUC Chair Signature</i>	<i>School Review Committee Chair or CUC Chair Printed Name</i>	<i>Date</i>

SCRC/CUC Use Only

Distribution Approval:
 None Group I
 Group II Group III

NEW COURSE APPROVALS - GRADUATE COURSES

_____	_____	_____
<i>Department Chair or Program Director Signature</i>	<i>Department Chair or Program Director Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>School Dean Signature</i>	<i>School Dean Printed Name</i>	<i>Date</i>