



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: \_\_\_\_\_

- 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.*

**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**

**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> |