RICE

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: _____   Contact Hours: _____
If course has UG/GR equivalent, enter course number.   *(per week)*

Course Department: _____   Preparation Hours: _____
(per week)

Lead Department: _____   Language of Instruction: _____
(if cross-listed)

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

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.

_____   _____   _____
Chair of Department Curriculum Committee or Designee Signature   *Chair of Department Curriculum Committee or Designee Printed Name*   *Date*

_____   _____   _____
Department Chair or Program Director Signature   *Department Chair or Program Director Printed Name*   *Date*

_____   _____   _____
School Dean Signature   *School Dean Printed Name*   *Date*

_____   _____   _____
School Review Committee Chair or CUC Chair Signature   *School Review Committee Chair or CUC Chair Printed Name*   *Date*