*For CLE/Pathways courses, form can be found here*: [*https://www.pathways.prov.vt.edu/proposal-forms.html*](https://www.pathways.prov.vt.edu/proposal-forms.html)

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| General Information |
| *Proposal Date:* |  | *Department:* |  |
| *Course Designator and Number (Cross-listed Course Designator and Number):* |  |
| *Title of Course:* |  | *Credit Hours:* |  |
| *Course Transcript (ADP) Title (30 Characters & Spaces Maximum):* |  |
| *Instructor and/or Departmental Contact:* |  |
| *Contact Phone:* |  | *Contact E-mail:* |  |
| *Please refer to Office of University Registrar for guidelines and policy requirements*: [*https://registrar.vt.edu/governance.html*](https://registrar.vt.edu/governance.html) |
| **Please count this course toward the following Scorecard Metrics areas:** |
|  | Study Abroad  |  | Service Learning  |  | Experiential |  | Undergraduate Research |
| *Scorecard Metrics Definitions can be found here:* [*https://registrar.vt.edu/faculty-toolbox/scorecard-metrics.html*](https://registrar.vt.edu/faculty-toolbox/scorecard-metrics.html) |
| **Please insert an X if this course should count toward First Year Experience:** |
|  | First Year Experience (FYE) *Include approval letter from FYE Director. More information can be found here:* [*http://www.fye.vt.edu*](http://www.fye.vt.edu) |

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| Select **ONE** of the following boxes  |
|  |  |
|  | New Course  |  | \*Revised Course (*Revision > 20% \_\_\_\_\_\_\_ Revision < 20% \_\_\_\_\_\_\_*) |
|  |  |  |  |

*For* ***CLE/Pathways*** *courses, form can be found here*: [*https://www.pathways.prov.vt.edu/proposal-forms.html*](https://www.pathways.prov.vt.edu/proposal-forms.html)

***\*Please include a summary of course revisions to the Justification section of proposal***

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| ***A:*** | ***Attach statement from Dean or Departmental Representative*** as to whether teaching this course will require or generate the need for additional departmental resources. |
| ***B:*** | ***Attach appropriate letters of support***(e.g., prerequisite, corequisite, or cross-list memo) from affected departments and/or colleges. |
| ***C:*** | ***Effective Semester:*** |  |
| ***D:*** | ***Change in Title From:*** |  |
|  | ***To:*** |  |
| ***E:*** | ***Change in Transcript Title (ADP) From:*** |  | ***To:*** |  |
| ***F:*** | ***Change in Credit Hours From:*** |  | ***To:*** |  |
| ***G:*** | ***Change in Lecture and/or Lab Hours From:*** |  | ***To:*** |  |
| ***H:*** | ***Course Number(s) and Title(s) to be deleted from the Catalog with APPROVAL:*** |  |

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| Approval Signatures |
| *Department Representative* |  | *Date* |  |
| *College Curriculum Committee Rep* |  | *Date* |  |
| *College Dean or Designee* |  | *Date* |  |

# Course Information

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| Catalog Description |
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| Learning Objectives |
| Having successfully completed this course, the student will be able to: |

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| Justification |
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| Prerequisites and Corequisites |
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| Texts and Special Teaching Aids |
| Please identify specific examples and whether these are Required or Recommended. If no required text, provide justification and include examples of “Recommended” materials that will be used. |

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| Topic Syllabus |
| Topic Percent of Course Example Topic 1Example Topic 2  Subtopic, as applicable when topics are >20% Subtopic Total: 100% |

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| Old (Current) Topic Syllabus |
| N/A for new courses. For an existing course that is being revised with a new course number, including the syllabus can be helpful. Copy-and-paste the topic syllabus from the proposal on file. |