

UNIVERSITY OF CALIFORNIA, SAN DIEGO

REQUEST FOR COURSE APPROVAL

<input type="checkbox"/> New Course <input type="checkbox"/> Reinstatement <input type="checkbox"/> Deletion <input type="checkbox"/> Renumbering: old number _____ <input type="checkbox"/> Summer Session Only <input type="checkbox"/> Change In Course Nature of Change: _____	Effective Quarter Year
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Subject & Number	Units	Title								
Hours Per Week Expected of Student	Lec	Sem	Dis	Lab	Studio	Practicum	PE Act	Med Clerk	Outside Prep	Other (describe)
If the course has multiple discussion or other sections, how should the grade reports be printed (check one)? <input type="checkbox"/> Single List of all students <input type="checkbox"/> By Dis Section <input type="checkbox"/> By Lab Section <input type="checkbox"/> By Studio Section <input type="checkbox"/> By Tut Section										
Grading - Undergraduate		<input type="checkbox"/> Standard Grading (letter or P/NP) <input type="checkbox"/> P/NP Only								
Grading - Graduate and SOM		<input type="checkbox"/> Standard Option (Graduate) <input type="checkbox"/> S/U Permitted <input type="checkbox"/> S/U Only <input type="checkbox"/> H/P/F (SOM Core only)								
May be taken for credit _____ time(s). If more than once, justify: _____										
<input type="checkbox"/> Final Exam Given If not, explain: _____										

COURSE DESCRIPTION (In concise catalog description style, 40 word limit)

Prerequisites:

ENFORCEMENT List prerequisites and other restrictions to be enforced by computer (see instructions).

Prerequisites that must be completed:

Prerequisites that may be concurrent:

Corequisites (must be concurrent):

Other restrictions:

Special course characteristics. Check all boxes that apply and see instructions for required explanations.

Use of animals
 Use of computer resources
 IP Grading
 Cross listed with _____
 Conjoined with _____

Instructor and title: _____

JUSTIFICATION:

_____ Department Chair	_____ date	_____ Registrar	_____ date
APPROVALS - GRADUATE COURSE		APPROVALS - UNDERGRADUATE COURSE	
_____ Dean, School of Medicine	_____ date	_____ Council of Provosts	_____ date
_____ Dean of Graduate Studies	_____ date	_____ CEP Subcommittee on Courses	_____ date
_____ Graduate Council	_____ date		
Extent of approval: <input type="checkbox"/> Indefinite <input type="checkbox"/> Summer Only		Expires at the end of _____ quarter, 19____	