GORDON STATE COLLEGE
FORM FOR PROPOSAL OF NEW COURSES

COURSE INFORMATION

Academic Unit Choose One

Discipline

Course Title

Subject (ex. ENGL)

Number (ex. 1101)

CIP code

To verify the correct CIP code, please contact the office of Institutional Research at 678-359-5108

Lecture Hours Choose

Laboratory/Practicum Hours Choose

Credit Hours Choose

Contact Hours Choose

Course Description (for catalog)

Course Prerequisites

Please indicate learning support student eligibility to take the course.

ENGL 0999

- ☐ Yes
- ☐ No

MATH 0997

- ☐ Yes
- ☐ No

MATH 0999

- ☐ Yes
- ☐ No

Course Objectives

Course Content

RATIONALE FOR NEW COURSE

Please explain the rationale for adding the new course.

To the best of the proposing academic unit's knowledge, do any of the above topics overlap with topics treated in a course or course already offered by Gordon State College?

☐ Yes ☐ No

How often is the course to be offered?

☐ Once
☐ Each semester
☐ Each Fall
☐ Each Spring
☐ Every other Fall
☐ Every other Spring
☐ Each Summer
☐ Other

Who will teach the course?

Will the course require extra faculty members?

☐ Yes ☐ No

Are any courses being dropped as a result of this course?

☐ Yes If you answered yes, please list course(s)
☐ No

Will this course increase the total semester hours a student must complete for the proposing academic unit's major?

☐ Yes If you answered yes, by how many hours?
☐ No

What is the number of students who have expressed interest in or requested that the course be offered?

What is the source of idea for the course?

Which Area F programs in your academic unit will this course affect?

Will Area F programs outside of your academic unit be affected by this course?

☐ Yes ☐ No

If you answered yes, please list the programs. The signature from each academic unit head of the affected programs must be entered below.

Will this course affect Areas A-E? **Please note that courses affecting Area A-E will also need to be approved by the USG Council on General Education.**

☐ Yes ☐ No

If you answered yes, please explain how Areas A-E will be affected by this course.

Will this course require support in the form of additional library or other resources?

☐ Yes If you answered yes, please list the resources
☐ No

Course Content

Related Program Outcomes

Related General Education Outcomes

SIGNATURES OF FACULTY MAKING THIS PROPOSAL

Before submitting this form to the head of the Academic Unit, please attach any supporting documentation for this proposed change, including outside accreditation requirements and similar program requirements at other USG institutions.

PROPOSAL RESOLUTIONS

Head of Academic Department

☐ Approve
☐ Disapprove

Rationale

Dean

☐ Approve
☐ Disapprove

Rationale

Academic Policy Committee Chair

☐ Approve
☐ Disapprove

Rationale

Faculty Senate Chair

☐ Approve
☐ Disapprove

Rationale

Provost and VPAA

☐ Approve
☐ Disapprove

Rationale

President

☐ Approve
☐ Disapprove

Rationale