



WILLISTON STATE COLLEGE

NEW COURSE REQUEST FORM

REQUEST					
REQUESTER		DATE		DEPART	
PHONE		EMAIL			
COURSE TITLE					
COURSE DESCRIPTION					
CHECK CC NUMBERING Y <input type="checkbox"/> N <input type="checkbox"/>		CIP CODE			
COURSE PREFIX & NO.		GR BASIS		CREDITS	MIN
TERM & YEAR OF IMPLEMENTATION		SEC SIZE			
FALL 20__		SPRING 20__		SUMMER 20__	
REP. FOR CREDIT Y <input type="checkbox"/> N <input type="checkbox"/>		COURSE FEE		PRE-REQ	
CO-REQ		TEST PL		COMP.	
UPDATED SEP INCLUDED Y <input type="checkbox"/> N <input type="checkbox"/>		COG INCLUDED Y <input type="checkbox"/> N <input type="checkbox"/>		SYLLABUS INCLUDED Y <input type="checkbox"/> N <input type="checkbox"/>	

JUSTIFICATION	
	EXPLANATION
STUDENT INTEREST	
COMMUNITY INTEREST	
PROGRAM REQUIREMENT	
GENERAL EDUCATION COURSE	
FOR WHICH DEGREES?	

FUTURE		
ANTICIPATED ENROLLMENT	PER SEMESTER _____	PER YEAR _____
IS THIS COUSE PART OF A DEVELOPING PROGRAM WHICH WILL BE PRESENTATED LATER? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, EXPLAIN:		
<div style="border: 1px solid black; height: 40px;"></div>		



WILLISTON STATE COLLEGE

NEW COURSE REQUEST FORM (CONTINUED)

RESOURCES

WILL ADDITIONAL RESOURCES BE REQUIRED (IE. EQUIPMENT, PERSONNEL, FACILITIES, LIBRARY MATERIALS)?

IF REQUIRED ADDITIONAL RESOURCES CANNOT BE PROVIDED WITHIN THE INSTITUTIONAL BUDGET, EXPLAIN HOW THE FUNDS WILL BE SECURED.

RECOMMENDATION (SIGNATURE IMPLIES PERSON AGREES WITH THIS RECOMMENDATION)

	SIGNATURE	DATE
PROGRAM COORDINATOR		
DEPARTMENT CHAIR		
CURRICULUM CHAIR		

COMMITTEE ACTION

FIRST READING SECOND READING THIRD READING APPROVED UNAPPROVED

CURRICULUM CHAIR SIGNATURE

DATE

FOR OFFICE USE ONLY (APPROVAL/PUBLICATION PROCESS)

	SIGNATURE	DATE
APPROVED BY VP FOR ACADEMIC AFFAIRS (BUDGET CONSIDERATION)		
REGISTRAR UPDATED PEOPLESOFT		
EXEC. ASSIST. FOR ACADEMIC AFFAIRS (WEBSITE & CATALOG UPDATES)		