

# UNIVERSITY OF NEW HAMPSHIRE

EFFECTIVE BEGINNING YEAR

## Course Approval Form

Course additions, deletions, or changes to the University course catalogs.

Select one

Select a College or Program

Dept

Subject

Course #

Select one:

Change Course Number

FROM

TO

Cannot reuse for a minimum of four years

Reason for Modification

Course Catalog Title

Abbreviated Title

30 characters maximum including spaces (i.e. ONLY 30 characters including spaces will print on a student's transcript).

Previous Title  
If modifying title

Check all that apply

**Permission Required** (for all students)

**Tuition Waived** (students pay only program fee)

Course may be repeated up to a maximum of

credits

**IA course** (requires continuous grading)

Number of times student registers

### Credit Hours

Enter credits in box or if variable fill -in below:

TO

OR

### Grading Mode (check on)

**Credit/Fail** (CR/F appears on final grade roster)

**Letter Grade**

Special Fee

Amount

For special fee additions and/or changes you must attach a "Special Fee Form" providing account information.

### Schedule Type

Lecture  Lab  Lecture/Lab  Exchange/Abroad  Media Learning  Thesis/Dissertation  Studio  
 Performing groups  Performance  Independent Study  Internship, Clinical, Supervised Learning  Recitation, Discussion

### Restrictions

CLASS  Include  Exclude

COLLEGE  Include  Exclude

MAJOR  Include  Exclude

FR  SO  JR  SR  COLSA  COLA  CEPS  GRAD

TSAS  PAUL  DCE  HHS  UNHM

RO Only Key Words

EFFECTIVE BEGINNING

PREREQUISITES:

COREQUISITES:

PRE- OR CO-REQUISITES:

EQUIVALENT COURSES (no credit if earned for

CROSS-LISTED WITH (also listed as)

Will your course involve handling of

A) Human Biological Materials (e.g. blood)

Yes  No

B) Radioactive Materials

Yes  No

CAF34

# University of New Hampshire Course Approval Form

Course additions, deletions, or changes to the University course catalogs.

Select a College or Program  Dept  Subject  Course #

DISCOVERY  Yes  No

Please attach Discovery Program Course Approval Form.

WRITING INTENSIVE  Yes  No

For WI designation, please attach a WI proposal form.

Major Requirement  Yes  No

Minor Requirement  Yes  No

## A concise course description (75 words or less) for the course catalogs and/or explanation of modifications

Department Chairperson  Approve  Deny Date \_\_\_\_\_

Associate Dean of College  Approve  Deny Date \_\_\_\_\_

Faculty Director, Discovery Program  Approve  Deny Date \_\_\_\_\_

Dean of Graduate School  Approve  Deny Date \_\_\_\_\_  
(800-level and above or combination undergraduate/graduate)

Vice President for Academic Affairs  Approve  Deny Date \_\_\_\_\_

### Thompson School of Applied Science Signatures

Director of Thompson School  Approve  Deny Date \_\_\_\_\_

TSAS Curriculum Committee Approval  Approve  Deny Date \_\_\_\_\_

### University of New Hampshire at Manchester Signatures

Submitted by Faculty Member  Approve  Deny Date \_\_\_\_\_

Department Chair  Approve  Deny Date \_\_\_\_\_

Chair Academic Resources and Curriculum Committee  Approve  Deny Date \_\_\_\_\_

Dean of University of New Hampshire at Manchester  Approve  Deny Date \_\_\_\_\_

Received in Registrar's Office  Entered on Database  Indexed