

UNH - Manchester Course Approval Form (CAF)

Proposing Faculty Member and Program: _____

Is this a new course proposal or are you proposing changes to an existing course? If a new course, please include your master course outline or a complete syllabus.

New

Changes

Delete

Proposed Course Number and Title: _____

Existing Course Number and Title: _____

Proposed Course Credits: _____ Existing Course Credits _____ Credit/Fail: Yes No

Proposed Prerequisites/ Co-Requisites _____

Repeatable: Yes No If yes, number of times _____

Discovery Program: Category: _____ Currently approved? Yes No
Plan to apply? Yes No

Writing Intensive: Currently approved? Yes No Plan to apply? Yes No

Associate Dean Review for Duplication

Associate Dean	Date

Impact on other programs. If no impact is expected to other programs, check here:

If there is a suspected impact (e.g., enrollments, budget, etc), identify the program(s) affected and provide a description of the impact and include the signature of the coordinator from each affected program.

E-Signatures of Program Coordinators of affected programs:

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Additional Resources Required including faculty, staff and budget (if any) (text box, 300 characters). Please indicate the person with whom you discussed required resources. Or, indicate "none required" here: _____

Technology: Library: CAE: Career Services/Internship: Other:
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Approval e-Signatures

Proposing Faculty	Date

Department Chair	Date

ARCC Chair	Date

Dean	Date