PLEASE COMPLETE THIS FORM TO START A NEW COURSE OR TO CHANGE TO AN EXISTING COURSE.

PLEASE COMPLETE THIS FORM TO PROPOSE A NEW COURSE OR TO CHANGE TO AN EXISTING COURSE.

SUBJECT CODE _____   COURSE NUMBER _____

CHAIRPERSON SIGNATURE _____   DATE _____

ASSOCIATE DEAN SIGNATURE _____

COLLEGE CURRICULUM COMMITTEE _____   DATE _____

APPROVED FOR SCHEDULE AND COURSE CATALOG BY DEAN'S COUNCIL

DYSON COLLEGE OF ARTS AND SCIENCES _____   DATE _____

LUBIN SCHOOL OF BUSINESS _____   DATE _____

SEIDENBERG SCHOOL OF COMPUTER SCIENCE _____   DATE _____

SCHOOL OF EDUCATION _____   DATE _____

COLLEGE OF HEALTH PROFESSIONS _____   DATE _____

LAW SCHOOL _____   DATE _____

*FACULTY COUNCIL COMMITTEE NEW YORK _____   DATE _____

*FACULTY COUNCIL COMMITTEE PLEASANTVILLE _____   DATE _____

PROVOST SIGNATURE _____   DATE _____

*ONLY REQUIRED IF CHANGES IN COURSE OFFERING CAUSES SIGNIFICANT CHANGE IN THE REQUIREMENTS OF PROGRAM