For u	e by Catalog Production Office Only o <u>Not</u> write in this box. For Office Use Only:						
	Course Attributes:						
Cour	e is listed in current catalog? Y or N Current Date						
EFFE	EFFECTIVE TERM APPROVED						
	UIS New Course Approval and Existing Course Change Form						
1.	Please indicate whether the course is Is the course an ECCE, Gen Ed, or Non-Gen Ed?						
1.							
2.	Program Name Course Prefix and Number Effective Term Requested (Abbreviation for Program)						
•							
3.	Contact Person for an existing course						
	Syllabus Designer for new courses						
	Mail Stop Phone Number E-mail Address						
4.	or courses currently in Banner System, indicate type of change requested: (check all that apply)						
	Change in prefix or number From To						
	Change in prerequisite From To						
	Change in course title (see Item 5)						
	Change in description (see Item 6)						
	Change in credit hours (see Item 7)						
	Change in faculty workload hours (see Item 7)						
	Delete a course at the end of term (pick one)   Enter Year						
	Add cross-list (list all courses involved) Controlling Course Other courses in cross-list:						
	Other						
5.	or new courses or changes in title, please provide course title:						
	Title that will appear in schedule, limit 30 spaces (abbreviated)						
	(spaces & punctuation count toward 30 characters)						
	Full Title for the Catalog						
6.	or new courses or changes in description, please provide description: (75 word limit including prerequisites) if more than 2.5 lines in the description box, count words)						
7	for now courses or changes in hours information, places provide the following:						
7.	for new courses or changes in hours information, please provide the following: 3-4 credit hours typically count as 4 workload hours)						
	Credit Hours Faculty Workload Hours						
8.	f course is intended for the UIS General Education Curriculum, please indicate the requested category						
9.	f course is intended for the UIS ECCE Curriculum, please indicate the requested category:						

10.	Schedule Type: (Check a	y apply to this course) (most common schedule type: lecture, lecture/discussion, online)			
	Lecture	Lecture/Discussion			
	🗌 Lab	Clinical Practice			
	Online				
11.	Can this course be repe	ated for credit? (pick one)			
		as variable topics, which allow the student to take the course more than once, even in the same term. student replacing a grade by retaking a course.)			
	If so, is there a Max num	ber of times for repeat? OR Max hrs for a variable credit course?			
12.	Grading mode:	One mode must be designated as the default:			
	S only; C	nited to the following options: only; or S+C; only; or Y+X			
	🔲 ( <b>S</b> ) Standard letter g	grade <b>with</b> incomplete (I) and <b>without</b> deferred grade (DFR) <mark>(most common choice)</mark>			
	(C) Credit/No Credit with incomplete (I) and without deferred grade (DFR)				
	🔲 ( <b>Y )</b> Standard letter	grade <b>without</b> incomplete (I) and <b>with</b> deferred grade (DFR)			
	🔲 ( <b>X )</b> Credit/No Cred	it <b>without</b> incomplete (I) and <b>with</b> deferred grade			
13.	8. Registration Restrictions: If this course is to be restricted to a particular student population (e.g. BIO majors only, Senior Class only, CAP Scholars only, Graduate Students only, etc.; note that General Education Courses may not be restricted).				
14.	Existing cross lists: Con	trolling Course Other courses in cross list:			
17.					
15.	••••	ease print this form before obtaining signatures. ures and dates, do not submit digital form or digital signatures)			
	Faculty Member submit	ting proposal:			

(only tenure-track faculty allowed to submit)	Date
Program Administrator:	Date
Program Administrator (cross-listed Cross-Listed Course: signature's	Date
Program Administrator required Cross-Listed Course: before submitting)	Date
Chair, College Curriculum Committee:	Date
Dean:	Date
GEC Chair:	Date
Office of VCAA:	Date