

Temple University Course Inventory Update Form

(* required fields)

***Action requested:** _____ (Select one: **Establish / Revise**)
(Note: If you are terminating a course, please use the Course Termination Form.)

***Date of Proposal:** _____

***Individual Responsible for Proposal:**

Name *E-mail* *Phone*

***Dean or Dean's Designee:** _____

***College/School:** _____
(Select from college list - STVCOLL)

***Department:** _____
(Select from department list - STVDEPT)

***What type of course is this:** Academic Credit or Continuing Education (non-credit)? _____

***Effective Term of Action:** _____

(Year/Term format: YYYYTT. Use the following term codes: 03 = Spring; 20 = Summer I; 26 = Summer II; 36 = Fall; 30 = Continuing Education. For example, 201236 = Fall 2012 for academic credit courses. 201230 = 2012-2013 fiscal year for continuing education courses.)

***Subject Code:** _____
(Select from subject code list - STVSUBJ)

***Course Level:** _____
(Select from course level list - STVLEVL)

***Course Number:** _____ (see <http://renumbering.temple.edu/conventions.htm> for standard course numbering conventions).
If renumbering a course, specify the previous Subject Code and Course Number: _____

***Course Title (required)** (30-character limit, including spaces; please use as much of the 30 characters as possible):

Long Course Title (optional; 100-character limit, including spaces):

(The optional Long Course Title will display on the Web in the Course Catalog and Schedule, as well as in reports. A Long Course Title should be provided if the 30-character title contains abbreviations.)

***Total number of Credit Hours or Continuing Education Units (CEU):** _____
If variable, enter "to" or "or" between minimum and maximum credits (e.g., "1 to 6", "3 or 4")

If this course requires a separate section under the same course number for its lab, recitation, etc., specify the breakdown in credit hours (hours must be variable):

Lecture (Base): _____ Lab: _____ Other (e.g., recitation): _____

Repeatability: Can this course be repeated for *additional* credit? ____ (Yes/No)

Grading Mode: Standard (must choose this for undergraduate courses)

or

Non Standard (indicate either Credit/No Credit or Pass/Fail, and include Audit if appropriate)

Credit/No Credit

Pass/Fail

Audit

Schedule Type(s): _____ (select all that apply from list - STVSCHD)

Course Description: (This description will appear in the online Course Catalog)

Prerequisites: Does this course have prerequisites? _____ (Yes/No)

If yes, list the **Subject Code**, **Course Number**, the **Minimum Grade for each prerequisite course**, and **Concurrency** (i.e., whether or not the prerequisite can be taken in the same semester as the course you are proposing). **Use parentheses as well as “and”/“or” statements:**

Co-requisites: If this course has co-requisites, please specify each co-requisite course’s Subject Code and Course Number:

Registration Restrictions: If this course has registration restrictions within the areas below, please list and indicate if they are to be included or excluded:

Department: Include or Exclude _____ (STVDEPT list)

Field of Study (Major): Include or Exclude _____ (GTVLFST/STVMAJR lists)

Class: Include or Exclude _____ (STVCLAS list)

Level: Include or Exclude _____ (STVLEVL list)

Degree: Include or Exclude _____ (STVDEGC list)

Program: Include or Exclude _____ (Existing Programs list)

College: Include or Exclude _____ (STVCOLL list)

Student Attribute: Include or Exclude _____ (STVATTS list)

Cohort: Include or Exclude _____ (STVCHRT list)

Equivalent Courses (Specify Subject, Course Number, Start Term, and End Term of each equivalent course):

Mutually Exclusive Courses: Is this course similar to another course in that it would preclude a student from receiving academic credit in all versions? _____ (Yes/No) [For example, if a student completed Math 1013, they should not register for Psychology 1167 or Sociology 1167 because they are defined as mutually exclusive.]

If yes, specify each mutually exclusive course by Subject, Course Number, Level, Grade, Start Term and End Term:

Degree Program Attributes: Please check all that apply to this course:

- WI – Writing Intensive
- HO – Honors
- GA – General Education Arts
- GB – General Education Human Behavior
- GD – General Education Diversity & Race
- GG – General Education Global/World Society
- GQ – General Education Quantitative Literacy
- GS – General Education Science & Technology
- GU – General Education US Society
- GW – General Education Analytical Reading/Writing
- GY – General Education Mosaics I
- GZ – General Education Mosaics II

*Please note the following:

- If this is an undergraduate writing intensive course, you must get approval from the Writing Committee before submitting this form for approval.
- If this is an undergraduate Honors course, you must get approval from the Honors Program Director.
- If this is a General Education course, you must get approval from the General Education Director.

Additional Information

1. Explain how this course proposal affects program requirements (i.e., specify if this course is an elective or a required course for a major, minor, concentration or certificate; specify if it is part of a change in array or part of an academic program proposal – specify the program):

2. Explain how this proposal affects other course requirements (i.e., is it a prerequisite or co-requisite for another course? If yes, specify the other course(s).):

3. If this proposal requests a change to credit hours, please specify how this change will affect the required number of credits for each impacted program (i.e., major, minor, concentration, certificate, etc.):

4. Will this course be taught at a non-Temple location? ____ (Yes/No) If yes, specify the location(s):

5. Is **special approval** needed for everyone in order to register for this course? ____ (Yes/No)

If yes, specify from whom students should get approval (e.g, department chair, program director, etc.): _____
(Note: This special approval should be added to the special approval field on the Schedule Form (SSASECT) when opening sections for this course.)

6. Does this course require a **special fee**? ____ (Yes/No)

(Note: If yes for an academic course, the fee request must be approved by the University Fee Committee before it will be entered into Banner; fees for non-credit Continuing Education courses must be approved by the Provost’s designated representative and are subject to annual review.)

7. If this is an academic credit course, will it be shorter or longer than the traditional 15-week fall or spring semester or the six-week summer term? ____ (Yes/No)

If yes, please specify the length of this course: _____

8. If this is a continuing education or open learning course, please specify the expected length of the course in days or weeks:

9. According to the university course syllabi policy (policy 02.78.13), syllabi must include “a statement of the course goals and learning outcomes that the instructor hopes students in the course will achieve.” Does this course have learning goals? ____ (Yes/No)

Briefly describe how the goals for this course align with **learning goals** for the program/major:

