**SECTION I: KEY INFORMATION**

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| **Submission date** | Click here to enter a date. | |
| **Proposed by (faculty only)** | List faculty name(s) | |
| **Presenter (faculty only)** | List faculty name(s) | |
| **NOTE:** *Faculty presenter* must be present at the Curriculum Committee meeting or the proposal will be returned to the School to be resubmitted for a later date. | | |
| **School** | Choose an item. | |
| **Program(s) or Certificate(s)** | Name(s) of new or existing Program(s) or Certificate(s) that this course will serve, including General Education if applicable. | |
| **Course Prefix, Number, and Title\*** | Enter Prefix, Number, and Title of *new course* | |
| **NOTE: Course prefix, number, and title** must be determined by consulting the State Course Numbering System (SCNS). For assistance, please email **Curriculum@fsw.edu** | | |
| **Is this new course being proposed in response to a request from SCNS?** (i.e., SCNS determined that an existing FSW course prefix/number does not align with state course standards) | | Choose an item. |
| **If YES, indicate the Course Prefix, Number, and Title of the *existing* FSW course you are replacing.** | | Existing course Prefix, Number and Title |
| **If YES, are you submitting a Course Discontinuation for the equivalent existing course?** | | Choose an item. |
| **If you are NOT submitting a Course Discontinuation for an equivalent existing course, are the equivalencies ending?** | | Choose an item. |

**SECTION II: TERM IN WHICH ACTION WILL BECOME EFFECTIVE**

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| **NOTE: New Course Proposals must be submitted by the dates listed on the published Curriculum Committee Calendar.** All new courses approved in the Fall semester take effect in the following academic year. Courses approved in the Spring semester take effect after one additional year. **Exceptions to published deadlines or effective dates must receive approval from the Academic Dean and Provost.** | |
| **Academic term in which approved action will take effect** | Choose an item. |
| **If requesting an exception to the effective date, provide an explanation below.** | |
| Explanation for exception: | |

**SECTION III: NEW COURSE INFORMATION**

**NOTE: All items must be completed.**

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| **Justification for New Course** | |
| Please provide a justification for adding this course to the curriculum. | |
| **Course Prerequisite(s) and Minimum Grade(s) required (if higher than a D)** | List each prerequisite course and minimum grade as applicable. |
| **Justification for Prerequisite(s):** | |
| Enter prerequisite justification | |
| **Course Corequisite(s)** | Corequisite Prefix, Number and Title |
| **Justification for Corequisite(s):** | |
| Enter corequisite justification | |
| **Should this course be listed as a corequisite on a paired course?**  (Ex. CHM 2032 and CHM 2032L are “paired corequisites.”) | Choose an item.  Course(s) and Corequisites: |
| **Number of Course Credits or Clock Hours** | Enter number of credit or clock hours |
| **Number of Contact Hours (faculty load)** | Enter number of contact hours |
| Provide explanation if Contact Hours differ from Course Credits/Clock Hours: | |
| **Select Grade Mode** | Choose an item. |
| **Credit Type** | Choose an item. |
| **Should any Degree or Major Restriction codes be listed on this course?**  (i.e., “This course may only be taken by students who have been admitted to X Program”) | List applicable Major or Degree Restriction codes: |
| **Is the course repeatable? \***  *\*Not the same as Multiple Attempts or Grade Forgiveness*  A repeatable course may be taken more than once for additional credits. (Ex: MUT 2641, a 3-credit course, may be repeated 1 time for a maximum of 6 credits). | Choose an item.  If repeatable, list maximum number of credits |
| **Designate the course as General Education?** | Choose an item. |
| **Designate the course as Writing Intensive?** | Choose an item. |
| **Designate the course as International or Diversity Focus?** | Choose an item. |
| **Do you expect to offer this course three times or less (experimental)?** | Choose an item. |
| **Course Description:** | |
| Type course description (or copy from SCNS) | |
| **Topic Outline:** | |
| Type in topic outline | |

**SECTION IV: COMPETENCIES & LEARNING OBJECTIVES** (Information Only)

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| --- | --- | --- |
| **Syllabus Section IV - A. General Education Competencies – 1. Integral and/or 2. Supplemental**  **NOTE:** All FSW courses must include *one or more* “Integral” and *zero or more* “Supplemental” General Education CREATIVE competencies. *Course objectives/outcomes* that support the selected General Education Competency should be listed directly under the competency. | | |
| **1. *Integral* General Education Competency or Competencies** | | |
| Select one or more of the CREATIVE competencies that will be assessed as *integral* outcomes in this course. | | |
| ***Course Outcomes/Objectives* supporting each *Integral* competency:**  Indicate specific course learning objective(s) that support each *integral* competency listed above. | | |
| **2. *Supplemental* General Education Competency or Competencies:** | | |
| Select zero or more of the CREATIVE competencies that will be assessed as *supplemental* outcomes in this course. | | |
| ***Course Outcomes/Objectives* supporting each *Supplemental* competency:**  Indicate specific course learning objective(s) that support each *supplemental* competency listed above. | | |
| **Section IV – B. Florida Statute requirement**  **NOTE:** Part B is ONLY included on syllabi for *General Education Core courses.*All other syllabi (including *“other General Education”* courses) OMIT this statement. | | |
| **Is this a *General Education Core Course* as defined by Florida Statutes?** | Choose an item. | |
| **If YES,** **complete the sentence by selecting the appropriate option from the drop-down menu.**  *B. In accordance with Florida Statute 1007.25 concerning the state’s general education core course requirements, this course meets the general education competencies for:* | | Choose an item. |
| **Section IV - C. Additional Course Learning Objectives or Outcomes**  **NOTE:** This section is for course-specific learning objectives that do not contribute to assessment of the General Education Competencies listed above. For all courses *other than the General Education Core courses,* this section will be labeled **IV -** **B:** on the course syllabus. | | |

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| **Course Learning Objectives and/or Outcomes:**  Please list course-specific learning objectives/outcomes here. |

**SECTION V: STATE INFORMATION**

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| **Copy and Paste the SCNS Course Profile Description below (http://scns.fldoe.org/scns/public/pb\_index.jsp).** | |
|  | |
| **ICS code for this course** | Choose the appropriate ICS code |
| **Institutional Reporting Code** | Choose an item. |
| **Course Attributes** | Choose an item. |
| **Course Attributes (if needed)** | Choose an item. |
| **Course Attributes (if needed)** | Choose an item. |

**SECTION VI: IMPACTS AND FACULTY ENDORSEMENTS**

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| **Impact of Course Proposal** | |
| **Will this new course proposal impact other courses, programs, departments, or budgets?** | Choose an item. |
| List impacts here | |
| **Have you discussed the *academic and/or budgetary* impact of the proposed course with affected parties, including Deans?** | Choose an item. |
| Provide detailed information about your discussion: | |
| **Will the proposed course impact Library services or budgets?** | Choose an item. |
| **Have you discussed impacts with the Libraries’ Collection Manager?** | Choose an item. |
| **List all faculty endorsements below.**  **NOTE:** Proposals will be returned if faculty endorsements are not provided. | |
| Include names of program/department faculty/professors who support this proposal. | |

**SECTION VII: ATTACHMENTS**

**Please save all documents in Word format (.doc, .docx) rather than pdf.**

* **New Course Syllabus** [Master]
* Any relevant supporting documents justifying addition of course

**UPLOAD THIS PROPOSAL AND ALL NECESSARY ATTACHMENTS TO CURRICULOG.**