Temple University Course Inventory Update Form

(* denotes required fields)

* Action Requested: _____ (Select one: Establish or Revise)   ***Date of Proposal**: _____

  (**Note:** If terminating a course, please use the Course Termination Form.)

*Individual Responsible for Proposal:

_____   _____   _____
Name   E-mail   Campus Telephone

*Name of Dean or Dean's Designee: _____

*College/School: _____   ***Department**: _____
(Select college from list – STVCOLL)   (Select department from list – STVDEPT)

*Type of Course: _____ [Select one: Academic Credit or Continuing Education (non-credit)]

*Effective Term of Action: _____ (Year/Term format: YYYYTT)
(Term codes include: 01 = Continuing Education; 03 = Spring; 20 = Summer I; 26 = Summer II; 36 = Fall. For example, 2012**36** = Fall 2012 for credit courses; 2012**01** = 2012-2013 fiscal year for continuing education courses.)

*Subject Code: _____   ***Course Level**: _____
(Select subject from list – STVSUBJ)   (Select course level from list – STVLEVL)

*Course Number: _____ (See http://renumbering.temple.edu/conventions.htm for standard course numbering conventions.)

If renumbering a course, specify the previous Subject and Course Number: _____

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

_____

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

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

*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 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)

Effective 11.1.10

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Course Description (Enter a brief description of the course):

Prerequisites: Does this course have prerequisites? _____ (Yes/No)
(If yes, be specific in listing all prerequisites. Provide Subject Code, Course Number, Minimum Grade for each prerequisite course, and Concurrency. Use parentheses as well as "and"/"or" statements.)

Co-requisites: Does this course have co-requisites? _____ (Yes/No)
(If yes, specify each co-requisite course's Subject Code and Course Number.)

Registration Restrictions: Does this course have registration restrictions? _____ (Yes/No)
(If yes, indicate the areas below that are restricted by choosing from the appropriate list and also indicating inclusion or exclusion.)

    Department (STVDEPT list): _____ (Select Include or Exclude)

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

    Class (STVCLAS list): _____ (Select Include or Exclude)

    Level (STVLEVL list): _____ (Select Include or Exclude)

    Degree (STVDEGC list): _____ (Select Include or Exclude)

    Program (Existing Programs list): _____ (Select Include or Exclude)

    College (STVCOLL list): _____ (Select Include or Exclude)

    Student Attribute (STVATTS list): _____ (Select Include or Exclude)

    Cohort (STVCHRT list): _____ (Select Include or Exclude)

Equivalent Courses: Does this course have any equivalent courses? _____ (Yes/No)
(If yes, provide Subject Code, Course Number, Start Term, and End Term for each equivalent course.)

Mutually Exclusive Courses: Is this course similar to another course such that it would preclude a student from receiving academic credit in all versions? _____ (Yes/No)
(If yes, provide Subject Code, Course Number, Level, Grade, Start Term, and End Term for each mutually exclusive course.)

Degree Program Attributes (Check all that apply to this course):

       _____ WI – Writing Intensive (Requires approval from the Writing Committee before submitting this form.)

       _____ HO – Honors (Requires approval from the Honors Program Director before submitting this form.)

These attributes require approval from the General Education Director before submitting this form:

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

Additional Information

1. How does this course proposal affect program requirements? (Is it an elective or required course for a major, minor, concentration, or certificate? Is it part of a change in array or part of an academic program proposal and, if so, for what program?)

2. How does this proposal affect other course requirements? [Is it a prerequisite or co-requisite for another course and, if so, for what other course(s)?]

3. If this proposal requests a change in credit hours, how will this change 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 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, the fee request for an academic course 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 six-week Summer I or Summer II term? _____ (Yes/No)
If yes, specify the length of this course:

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

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Required Signature from Dean or Dean's Designee:

This proposal has gone through the necessary approval processes as outlined by the by-laws, governance structure, or practices of the school/college, and I approve the proposal on behalf of the school/college.

_____   _____
Dean (or Dean's Designee)   *Date*

For Office of the Provost Use Only:

_____ _____		_____ _____	
General Education Director *Date*		*Sr. Vice Provost for Undergraduate Studies* *Date*	
_____ _____		_____ _____	
Honors Director *Date*		*Graduate School* *Date*	
_____ _____		_____ _____	
Writing Center Director *Date*		*Office of the Deputy Provost* *Date*	

Finance-Related Approvals:

_____ _____		_____ _____	
Assistant Vice President for Budget *Date*		*Bursar* *Date*	