*For CLE/Pathways courses, form can be found here*: [*https://www.pathways.prov.vt.edu/proposal-forms.html*](https://www.pathways.prov.vt.edu/proposal-forms.html)

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| General Information | | | | | | | | | | | | | |
| *Proposal Date:* | |  | | | | | *Department:* | |  | | | | |
| *Course Designator and Number (Cross-listed Course Designator and Number):* | | | | | | | |  | | | | | |
| *Title of Course:* | |  | | | | | | | | | | *Credit Hours:* |  |
| *Course Transcript (ADP) Title (30 Characters & Spaces Maximum):* | | | | | | |  | | | | | | |
| *Instructor and/or Departmental Contact:* | | | | |  | | | | | | | | |
| *Contact Phone:* | |  | | | *Contact E-mail:* | |  | | | | | | |
| *Please refer to Office of University Registrar for guidelines and policy requirements*: [*https://registrar.vt.edu/governance.html*](https://registrar.vt.edu/governance.html) | | | | | | | | | | | | | |
| **Please count this course toward the following Scorecard Metrics areas:** | | | | | | | | | | | | | |
|  | Study Abroad | |  | Service Learning | |  | Experiential | | |  | Undergraduate Research | | |
| *Scorecard Metrics Definitions can be found here:* [*https://registrar.vt.edu/faculty-toolbox/scorecard-metrics.html*](https://registrar.vt.edu/faculty-toolbox/scorecard-metrics.html) | | | | | | | | | | | | | |
| **Please insert an X if this course should count toward First Year Experience:** | | | | | | | | | | | | | |
|  | First Year Experience (FYE) *Include approval letter from FYE Director. More information can be found here:* [*http://www.fye.vt.edu*](http://www.fye.vt.edu) | | | | | | | | | | | | |

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| Select **ONE** of the following boxes | | | |
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|  | New Course |  | \*Revised Course (*Revision > 20% \_\_\_\_\_\_\_ Revision < 20% \_\_\_\_\_\_\_*) |
|  |  |  |  |

*For* ***CLE/Pathways*** *courses, form can be found here*: [*https://www.pathways.prov.vt.edu/proposal-forms.html*](https://www.pathways.prov.vt.edu/proposal-forms.html)

***\*Please include a summary of course revisions to the Justification section of proposal***

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| ***A:*** | ***Attach statement from Dean or Departmental Representative*** as to whether teaching this course will require or generate the need for additional departmental resources. | | | | |
| ***B:*** | ***Attach appropriate letters of support***(e.g., prerequisite, corequisite, or cross-list memo) from affected departments and/or colleges. | | | | |
| ***C:*** | ***Effective Semester:*** |  | | | |
| ***D:*** | ***Change in Title From:*** |  | | | |
|  | ***To:*** |  | | | |
| ***E:*** | ***Change in Transcript Title (ADP) From:*** | |  | ***To:*** |  |
| ***F:*** | ***Change in Credit Hours From:*** | |  | ***To:*** |  |
| ***G:*** | ***Change in Lecture and/or Lab Hours From:*** | |  | ***To:*** |  |
| ***H:*** | ***Course Number(s) and Title(s) to be deleted from the Catalog with APPROVAL:*** | |  | | |

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| --- | --- | --- | --- |
| Approval Signatures | | | |
| *Department Representative* |  | *Date* |  |
| *College Curriculum Committee Rep* |  | *Date* |  |
| *College Dean or Designee* |  | *Date* |  |

# Course Information

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| Catalog Description |
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| Learning Objectives |
| Having successfully completed this course, the student will be able to: |

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| Justification |
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| Prerequisites and Corequisites |
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| Texts and Special Teaching Aids |
| Please identify specific examples and whether these are Required or Recommended. If no required text, provide justification and include examples of “Recommended” materials that will be used. |

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| Topic Syllabus |
| Topic Percent of Course    Example Topic 1  Example Topic 2  Subtopic, as applicable when topics are >20%  Subtopic  Total: 100% |

|  |
| --- |
| Old (Current) Topic Syllabus |
| N/A for new courses. For an existing course that is being revised with a new course number, including the syllabus can be helpful. Copy-and-paste the topic syllabus from the proposal on file. |