**Required Attachment:**

A course syllabus outlining course goals, topics, and schedule, as well as work required of students and methods of evaluating students’ work.

**E-mail Proposal approval process: \***

1. Proposer completes forms and e-mails forms and all attachments to

2. Department Chair/Program Director, who forwards the materials to

3. Associate Dean for Department/Program, who forwards the materials to

4. Registrar’s Office (granquik@stolaf.edu)

\*Copy [granquik@stolaf.edu](mailto:granquik@stolaf.edu) on each step

**Proposals sent directly to Curriculum Committee will be returned to proposer.**

Proposal to Modify Title/Number/Description/Department Designation for an Existing Course

Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitter’s Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Information:**

Dept. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catalog Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Lab Course Title (limit of 25 characters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First time course will be offered with modification:** Fall \_\_\_\_ Interim \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Academic year \_\_\_\_

**Counts toward Major(s):** **Counts toward Concentration(s):**

**Rationale for modification:**

BE SURE TO ATTACH A COURSE SYLLABUS

Name(s) of Department Chair(s)/Program Director(s)

For Major(s)/Concentration(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar

|  |  |  |  |
| --- | --- | --- | --- |
| Sent |  | Denied | Appr |
| Continuing Programs Subcom. |  |  |  |
| Curriculum Committee |  |  |  |

Name(s) of Associate Dean(s) for Major(s)/Concentrations: