**Required Attachments:**

1. A course syllabus outlining course goals, topics, and schedule, as well as work required of students and methods of evaluating students’ work.
2. [General Education Rationale](http://www.stolaf.edu/committees/curriculum/ccforms.html)

**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 Award Retroactive General Education Credit 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GE retroactive to:** Fall \_\_\_\_ Interim \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Academic year \_\_\_\_

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

**GE Attributes: Click on attribute(s) you wish to propose for the course; complete the form(s), addressing each point**

**fully**

**Foundation Studies:** FOL \_\_\_ FYW \_\_\_ AQR \_\_\_ SPM \_\_\_ WRI \_\_\_ ORC \_\_\_

**Core Studies:** HWC \_\_\_ MCG\_\_\_ MCD \_\_\_ ALS-A \_\_\_ ALS-L \_\_\_ BTS-T \_\_\_

SED \_\_\_ IST \_\_\_ HBS \_\_\_

**Integrative Studies:** EIN \_\_\_

**BE SURE TO ATTACH A COURSE SYLLABUS**

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

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

Registrar

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

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