

Submit original with signatures + 1 copy + electronic copy to Faculty Senate (Box 7500).

SUBMITTED BY:

Department

College/School

Prepared by

Phone

Email Contact

Faculty Contact

1. ACTION DESIRED

(CHECK ONE):

Trial Course

New Course

2. COURSE IDENTIFICATION:

Dept

Course #

No of Credits

w

YES N

No

If yes Dept

Course #

OTE Cross-listing requires approval of both departments and deans involved. Add lines at end of form for additional required signatures

?

YES N

No

If ye Dep

Course #

Checked course applications at the Graduate Academic and graduate versions will help different courses. The committee different (i.e. is there undergrad undergraduates being overtaxed? the committees are looking out for if either committee has qualms,

6. FREQUENCY OF OFFERING:

Fall (Every), Spring (Every)

11 Spring (Every) Summer (Every)

7 SEMESTER & YEAR OF FIRST OFFERING

3/1/2013,

Summer of 2015 if possible; Fall of AY 2015 - 16

8. COURSE FORMAT:

:

Grid of boxes for course format selection

X

o ster

CREDITS

Grade of B or better in DEVM 109H taken within one calendar year; permission of instructor required.

16. PROPOSED COURSE FEES \$

Yes/No

17. PREVIOUS HISTORY

Yes/No

Yes

Spring 2014: DEVM F194J
Fall 2014: DEVM F194J

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET FACILITIES SPACE, FACULTY, ETC

19. LIBRARY COLLECTIONS

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20. IMPACTS ON PROGRAMS/DEPTS

21. POSITIVE AND NEGATIVE IMPACTS

Please specify **positive and negative** impacts on other courses, programs and departments resulting from the proposed action.

JUSTIFICATION FOR ACTION REQUESTED

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SYLLABUS CHECKLIST FOR ALL UAF COURSES

9. Course policies

10. Evaluation.

11. Support Services:

11. Support Services:

Describe the student support services available on campus that are appropriate for the course.

12. Disabilities Services:

updated.

<http://www.uaf.edu/disability>

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co o to

COMMUNITY
ALASKA

@ | k edu>

d > Jane Weber <jane.weber@alaska.edu>

t t t t successful completion of the trial course
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