Request for Curriculum Council Action

To: Dean of Curricular & Faculty Development, Thorpe Center   **Date Submitted:** _____

(Please submit 1 double-sided copy of your proposal.)

From: (Name) _____   (Department) _____

Email Address: _____

1. **Written Rationales:** Attach a written rationale, following the guidelines in the *Curriculum Council Handbook*, which is posted on https://www.iwu.edu/thorpe-center/cc.html. Please note that the CC will not evaluate incomplete proposals. To expedite consideration of your submission, you must read and follow the guidelines carefully.

2. Proposed Action (Please check all that apply):

		Title	Number	Units
☐	New Course	_____	/ _____	/ _____
☐	Gen Ed for Existing Course	_____	/ _____	/ _____
☐	Deletion of Major/Minor/Concentration	_____		
☐	Change title from	_____	/ _____	/ _____
	to	_____	/ _____	/ _____
☐	Change number from	_____	/ _____	/ _____
	to	_____	/ _____	/ _____
☐	Change prerequisites from	_____	/ _____	/ _____
	to	_____	/ _____	/ _____
☐	May Term Course	_____	/ _____	/ _____
☐	New Major/Minor	_____		
☐	Revised Major/Minor/Concentration	_____		
☐	Other (please specify)	_____	/ _____	/ _____

3. a. If you are requesting General Education unit credit, please check the category:

☐ Analysis of Values	☐ Gateway Colloquium (see 9b. below)	☐ Life Science Lab
☐ The Arts	☐ Intellectual Traditions	☐ Physical Science Issues
☐ Contemporary Social Institutions	☐ Literature	☐ Physical Science Lab
☐ Cultural and Historical Change	☐ Second Language	☐ Physical Education
☐ Formal Reasoning	☐ Life Science Issues	☐ Fitness

3. b. Please check the flag(s), if any, you are seeking

☐ Writing Intensive	☐ Global Diversity	☐ U.S. Diversity

3. c. Does this course already carry General Education credit? ☐ Yes   ☐ No

If yes, which category/flag?   _____

Will the existing category/flag remain?   ☐ Yes   ☐ No

3. d. In what way will you assess how this course has met the goals of the Gen Ed category and/or flag(s) for which you are applying?

4. Please insert here the proposed catalog course description. Course descriptions should be limited to no more than 50 words. The description must include (a) title; (b) prerequisites; (c) General Education category; and (d) when offered, although those four items do not count against the 50-word limit.

5. Please list any prerequisites: _____

6. When will this course first be offered? *(cannot be current or past term)* _____

7. Please indicate how often course is offered. *Check only the single item that best describes this course. Because these are the only intervals used in the University Catalog, please do not edit or alter the list to fit a particular course. For example, if your course is offered every third year—an interval that does not appear in the Catalog—you might choose "Offered as needed" or "Offered occasionally" instead. Courses that cannot be offered at least every four years should not be proposed.*

☐ Offered each semester	☐ Offered in alternate years	☐ Offered in alternate years, May Term
☐ Offered each fall semester	☐ Offered in alternate years, fall semester	☐ Offered annually
☐ Offered each spring semester	☐ Offered in alternate years, spring semester	☐ Offered every third semester
☐ Offered each May Term		☐ Offered by arrangement
☐ Offered occasionally		☐ Offered as needed

8. If your proposal is approved, would you be willing for the Mellon Center to use it as an exemplary submission in the online *Curriculum Council Handbook*?   ☐ Yes   ☐ No

9. a. Is/are any other department/program(s) affected in any way by this request (e.g., course is cross-listed, team-taught, required or elective in another major or minor, etc.)?

☐ No   ☐ Yes – In what way?   _____

_____
Signature of the Head(s) of the Affected Department(s), School(s) or Program(s)

9. b. If this proposal is for a Gateway course, does it overlap with any existing courses at IWU?

☐ No   ☐ Yes – In what way?   _____

_____
Signature of Existing Course Instructor

10. The Curriculum Council assumes that the faculty members of your department/program have seen and approved of this request. Please sign below if this assumption is correct:

_____
Signature of Faculty Member Primarily Responsible for This Proposal

_____
Signature of the Head of the Department, School or Program