Request for Curriculum Council Action

| То | : Dean of Curricular & Faculty Developme | pe Center Date S | Date Submitted: | | | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------|-----|-------------------------|------------------------------------------------------------------------------------------------------|----------|--|--|--|
| (PI | ease submit 1 double-sided copy of yo | ur prop | osal.) | | | | | | | |
| Fre | om: (Name) | (Departmen | (Department) | | | | | | | |
| En | nail Address: | | | | | | | | | |
| 1. | Written Rationales: Attach a written rationale, following the guidelines in the <i>Curriculum Council Handbook</i> , which is posted of 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 | | | | / | | / | | | |
| | Reinstatement of Previously Approved Course | | | | / | | 1 | | | |
| | Deletion of Major/Minor/Concentration | | | | / | | / | | | |
| | Gen Ed for Existing Course | | | | / | | / | | | |
| | Change title from to | | | | / | | <i></i> | | | |
| | Change number from to | | | | / | | <i>I</i> | | | |
| | Change prerequisites from to | | | | / | | <i></i> | | | |
| | May Term Course | | | | / | | / | | | |
| | New Major/Minor | | | | / | | / | | | |
| | Revised Major/Minor/Concentration | | | | / | | / | | | |
| | Other (please specify) | | | | / | | / | | | |
| 3. a | a. If you are requesting General Education | unit cre | edit, please check the category: | | | | | | | |
| | □ Analysis of Values □ The Arts □ Contemporary Social Institutions □ Cultural and Historical Change □ Formal Reasoning | | Gateway Colloquium (see 9b. belo Intellectual Traditions Literature Second Language Life Science Issues | ow) | Physi Physi Physi | Life Science Lab Physical Science Issues Physical Science Lab Physical Education Fitness | | | | |
| 3.1 | o. Please check the flag(s), if any, you are | seeking | I | | | | | | | |
| | □ Writing Intensive | | Global Diversity | | U.S. I | Diversity | | | | |
| 3. | c. Does this course already carry General | Educat | on credit? □ Yes □ No | | | | | | | |
| | If yes, which category/flag? | ? _ | | | | | | | | |

2024 | Request for CC Action Page | 1

Will the existing category/flag remain? \Box Yes \Box No

Request for Curriculum Council Action (page 2 of 2)

| 3. d. In what way will you | assess how this cours | se has met the goals of the Gen E | d category and | d/or flag(s) for which you are apply | ying? | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------|---------|--|--|--|
| | | | | | | | | |
| | e (a) title; (b) prerequis | se description. Course description ites; (c) General Education categor | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5. Please list any prerequis | sites: | | | | | | | |
| 6. When will this course fire | st be offered? (canno | t 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 seme | ester | ☐ Offered in alternate years | | Offered in alternate years, May Te | rm | | | |
| ☐ Offered each fall s☐ Offered each sprin | ng semester | ☐ Offered in alternate years, fall se☐ Offered in alternate years, spring | | Offered every third semester | | | | |
| ☐ Offered each May☐ Offered occasional | | semester | | Offered by arrangement Offered as needed | | | | |
| 8. If your proposal is appro Curriculum Council Han | | lling for the Mellon Center to use i Yes □ No | t as an exempl | ary submission in the online | | | | |
| 9. a. Is/are any other depar elective in another majo | | ected in any way by this request (e | e.g., course is o | cross-listed, team-taught, required | d or | | | |
| □ No □ Yes – In w | hat way? | | | | | | | |
| | | Signature of the Head(s) of | of the Affected | Department(s), School(s) or Prog | ram(s) | | | |
| 9. b.If this proposal is for a | a Gateway course, do | es it overlap with any existing cou | rses at IWU? | | | | | |
| □ No □ Yes – In w | /hat way? | | | | | | | |
| | | | | Signature of Existing Course Ins | tructor | | | |
| 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 | | | | | | | | |

2024 | Request for CC Action