

9 CONTACT HOURS PER WEEK:

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YES: NO:

12. COURSE REPEATABLE

YES

NO

How many times
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number of credi
If the course c

TIMES
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 CREDITS

maximum number of credit hours that may be earned for this course?

13. **GRADING SYSTEM:** Specify only one. Note: Changing the grading system for a course later on constitutes a Major Course Change - Format 2 form.

LETTER: PASS/FAIL:

RESTRICTIONS ON ENROLLMENT (if any)

14. **PREREQUISITES**

15. **SPECIAL RESTRICTIONS,
CONDITIONS**

16. **PROPOSED COURSE FEES**

Has a memo been submitted through your dean to the Provost for fee approval?

17. **PREVIOUS HISTORY**

Yes/No

18. **ESTIMATED IMPACT**

19. **LIBRARY COLLECTIONS**

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20. IMPACTS ON PROGRAMS/DEPTS

y

x

21. POSITIVE AND NEGATIVE IMPACTS

positive and negative



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06

07

APPROVALS: Add additional signature lines as needed.

Signature Chair [Redacted] Date 9/23/14

Program/Department of

Signature Chair College/School Curriculum Council for

Date

Signature of Provost (if above level of approved programs)

Date

Signature Chair Faculty Senate Review Committee

Co

C

[Redacted Signature Line]

Signature Chair Program/Department of

[Redacted Signature Line]

Date

Signature Chair College/School Curriculum Council for

SYLLABUS CHECKLIST FOR ALL UAF COURSES

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9. Course policies:

cl ss

10. Evaluation:

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http://.uaf.edu/file_uaf_ov/Info-to-Publicize-C_Gradin_-Polic_-DATED-Ma_-2013..df

11. Support Services:

12. Disabilities Services:

updated.

[htt://.uaf.edu/disabili](http://.uaf.edu/disabili)

It

Tue, May 6, 2014 at 9:51 AM

ber@alaska.edu>

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Tue, May 6, 2014 at 9:52 AM

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