

CRCO

N/A

Dept Course # **F335** No of Credits

Change Course If Change indicate below what is changing. Drop Course

Prerequisites will be required before a student is allowed to enroll in the course.

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include syllabi

Dept Course #

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OTE Course ours may not be compressed into fewer than three days per credit. Any rse compressed into fewer than six weeks must be approved by t e college or school s curri ulum cou cil the appropriate Faculty Senate curriculum commi tee Furthermore

COURSE FORMAT (check ___ that apply) 1 2 3 4 5 6 weeks to full semester

OTHER FORMAT (specify all that apply)
Mode of delivery (specify lecture field trips labs etc.)

8. GRADING SYSTEM: Specify only one.
LETTER: PASS/FAIL:

9. ESTIMATED IMPACT

Have you contacted the library collection development officer (kljensen@alaska.edu, 474-6695) with regard to the adequacy of library media collections, equipment and services available for the proposed course? If so give date of contact and resolution. If not explain why not.
No Yes

What programs/departments will be affected by this program?
Include information on the Programs/Departments contacted (e.g. name)

Does this program have any negative impacts on other courses?
If so, specify the impacts on other courses.
Programs/departments resulting from the proposed action

APPROVAL (Additional signature blocks may be added as necessary.)

 _____
Nat

Date

Date

Date

Date

Date

Signature Chair
Program/Department of

Signature Chair College/School
Curriculum Council for

ATTACH COMPLETE SYLLABUS (as part of this application).

uaf.edu/uaf-ov-facult-senate-curriculum/course-development-procedures-uaf-syllabus-requirements

SYLLABUS CHECKLIST FOR ALL UAF COURSES

1. Course

2.

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9. Course policies:

10. Evaluation:

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11. Support Services:

Describe the student
appropriate for the cour .

12. Disabilities Services:

updated.

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[Handwritten signature]

Signature of _____, Department of _____

10/7/16

Signature of _____, College Faculty
or Student Council for _____

10/7/16

[Handwritten signature]

Signature of _____, Dean, College / School
of _____

etc.

10/10/16

Offerings above the level of approved programs must be approved in advance by the Provo:

Signature of Provo: _____

Date: _____

ADDITIONAL SIGNATURES: (As needed for cross-listing and/or stacking add more blocks as necessary.)

Signature of _____, Program Department

