University of Maryland Graduate School, Baltimore

**PROPOSAL FOR INTRODUCTION, CHANGE OR ELIMINATION OF**

**GRADUATE COURSES**

**Please Note:** This form, including the checklist information and support documents are required. Incomplete applications will be returned.

|  |  |  |
| --- | --- | --- |
| Submission Date: | Department: | Effective Semester/ Year: |

|  |  |
| --- | --- |
| **I. NEW COURSE PROPOSAL**: (Please see instructions.) | Program; Course Number: |
|  | Transcript Title: *(30 spaces for UMB; 24 spaces for UMBC)* | Credits: Must adhere to [UMBC Credit Hour Policy](http://www.umbc.edu/policies/pdfs/UMBC%20Policy%20III.6.10.01%20Credit%20Hour%20Policy.pdf)*Mark all that apply*[ ]  1 [ ]  2 [ ]  3[ ]  4 [ ]  5 [ ]  6 | Grading Method:[ ]  Regular[ ]  Pass/Fail [ ]  Audit |
|
|
|  | Course Title: *(30 spaces for UMB; 49 spaces for UMBC)* |
|  | Course Prerequisites: | Maximum Enrollment: |

|  |
| --- |
| **II. CHANGE IN EXISTING COURSE**: (For major revisions, see instructions.) |
|  | **A. EXISTING COURSE** | Program; Course Number: |
|  | Transcript Title: | Credits: *Mark all that apply*[ ]  1 [ ]  2 [ ]  3[ ]  4 [ ]  5 [ ]  6 | Grading Method:[ ]  Regular[ ]  Pass/Fail [ ]  Audit |
|  | Course Title: |
|  | Course Prerequisites: |
|  | **B. CHANGE TO** | Dept./ Pgm. Course Number: |
|  | Transcript Title: *(30 spaces for UMB; 24 spaces for UMBC)* | Credits: *Mark all that apply*[ ]  1 [ ]  2 [ ]  3[ ]  4 [ ]  5 [ ]  6 | Grading Method:[ ]  Regular[ ]  Pass/Fail[ ]  Audit |
|  | Course Title: *(30 spaces for UMB; 49 spaces for UMBC)* |
|  | Course Prerequisites: |
|  | **C. REASON FOR CHANGE:** |

|  |
| --- |
| **III. ELIMINATION OF EXISTING COURSE** |
|  | **A. EXISTING COURSE** | Program; Course Number: |
|  | Transcript Title: *(30 spaces for UMB; 24 spaces for UMBC)* |
|  | Course Title: *(30 spaces for UMB; 49 spaces for UMBC)* |
|  | **B. REASON FOR ELIMINATION:** |

***Revised 5/07/2009***

Page 1

|  |  |
| --- | --- |
| **APPROVAL SIGNATURES**Please **type and sign** | Program; Course Number: |
| Course Master (Faculty Preparing Proposal) | Signature: Graduate Faculty Status: [ ] Regular [ ] Associate [ ]  Special | Date: |
| Graduate Program Director: | Signature: | Date: |
| Department Chair: | Signature: | Date: |

|  |  |
| --- | --- |
| **ACTION ON COURSE PROPOSAL** | [ ]  New[ ]  Change[ ]  Elimination |
|   | PROVISIONAL APPROVAL to offer this course for one semester is granted pending Graduate Council action. |  |  | ADMINISTRATION APPROVAL (course title, numbering, grade method and minor changes.) |  |
|  | Graduate School Date |  |  | Graduate School Date |  |
|  | FULL APPROVAL of this course was granted by the Graduate Council at its meeting on: |  |
|  | Graduate School Date |  |

**Checklist Items:**

|  |  |
| --- | --- |
| 1. [ ]  | Attach proposed catalog description, whether new course or new description. |
| 2. [ ]  | Please furnish a detailed syllabus for the course. The syllabus must include the following; any syllabus not meeting these requirements will be returned for revision. |
|  | * Course number and title
* Course description
* Course Master (indicate Graduate Faculty status)
* List of other faculty involved with course
* Pre-requisites for enrolling in course
* A [HIPAA](http://www.umaryland.edu/cits/docs/HIPAA_privacy_policy.pdf) compliance statement (where appropriate)
* Course academic objectives
 | * Course requirements and assessment, including evaluation methods and contribution of each academic activity to the final grade in percentages

Note that credit should not be given for attendance. However participation (either in class or through online resources) is appropriate for earning credit. If participation is part of the assessment, the course syllabus must include criteria used to evaluate participation. Refer to Graduate Council Guideline on Credit for Class Participation and Examples. * Course outline, including weekly class topics
* Required and recommended textbooks
* Reference list and/or bibliography
 |
| 3. [ ]  | Outline briefly the role and qualifications (*SHORT BIOGRAPHICAL SKETCH*) of each faculty member participating in the proposed course. Specifically indicate Graduate Faculty status (Regular, Associate or Special) for each faculty. Graduate courses must be taught by members of the Graduate Faculty. If the course requires collaboration of faculty from various departments, please show endorsement from all participating programs. Attach the COURSE MASTER’S CV at the end of the application. |
| 4. [ ]  | In the case of graduate courses listed also as undergraduate or professional courses, please state clearly the distinct graduate-level academic objectives and research assignments in the 6XX course. You may wish to submit separate syllabi for the two courses. |
| 5. [ ]  | Explain how proposed credit value was established. One unit of credit generally corresponds with one hour of lecture or seminar per week for the semester or three hours of laboratory per week for the semester. To determine the appropriate number of credits to assign to a course please refer to the [UMBC Credit Hour Policy](http://www.umbc.edu/policies/pdfs/UMBC%20Policy%20III.6.10.01%20Credit%20Hour%20Policy.pdf) which articulates the standards for assignment and application of credit hours to all courses and programs of study at UMBC regardless of degree level, teaching and learning formats, and mode of instruction. |
| 6. [ ]  | Describe how the genuine need for this course was established. The need may derive from the student body, the faculty, the profession, or society. Experience with similar courses at other institutions may provide useful information. |
| 7. [ ]  | Does this course relate to or overlap with similar offerings with in your institution or other institutions of the University of Maryland? Justify the necessity of this duplication. Have collaborative efforts with other programs been explored? |
| 8. [ ]  | Describe the relationship of this course to others offered within your department. |
| 9. [ ]  | Describe the mode(s) of presentation. (traditional, Interactive Video Network, or Internet, etc.) |
| 10. [ ]  | What is the frequency this course will be offered? (Annually, bi-annually, etc.) |
| 11. [ ]  | Describe your intended methods of course evaluation and department / program review. |
| 12. [ ]  | Describe the effect of the proposed course on space, facilities, enrollment and department staff. |
| 13. [ ]  | Approval Signatures. |

***Revised 05/07/2009*** 1034 –018

Page 2