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 COURS	E PROPOSAL: (Please see instructi	ons.)	Program; Course N	umber:	
Transcript Title: (30	spaces for UMB; 24 spaces for UMBC)		Credits: Must adhere to	Grading Method:	
			Mark all that apply	☐ Regular	
Course Title: (30 spa	aces for UMB; 49 spaces for UMBC)		□1 □2 □3	☐ Pass/Fail	
Course Time. (60 ope	Course Title. (30 spaces for OMB, 49 spaces for OMBC)			☐ Audit	
Course Prerequisites	5:		Maximum Enrollment:		
II CHANGE IN I	EXISTING COURSE: (For major re	visione, and instructions)			
II. CHANGE IN	LAISTING COOKSE. (For major re	visions, see instructions.)			
A. EXISTING	COURSE		Program; Course N	umber:	
Transcript Title:			Credits:	Grading Method:	
			Mark all that apply	☐ Regular	
Course Title:				☐ Pass/Fail	
			□4 □5 □6	☐ Audit	
Course Prerequisites	S:				
B. CHANGE	то		Dept./ Pgm. Course Number:		
Transcript Title: (30	spaces for UMB; 24 spaces for UMBC)		Credits: Mark all that apply	Grading Method:	
				☐ Regular	
Course Title: (30 spa	aces for UMB; 49 spaces for UMBC)			☐ Pass/Fail	
Course Prerequisites	S:			☐ Audit	
·					
C. REASON	FOR CHANGE:				
III. ELIMINATIO	N OF EXISTING COURSE				
A. EXISTING	A. EXISTING COURSE				
Transcript Title: (30	spaces for UMB; 24 spaces for UMBC)				
Course Title: (30 spa	aces for UMB; 49 spaces for UMBC)				
B. REASON	FOR ELIMINATION:				

APPROVAL SIGNATURES Please type and sign						Program; Course Number:		
Course Master (Faculty Preparing Proposal)			reparing Proposal)	Signature: Status:		Graduate Faculty	Date:	
Craduat	o Drog	rom Diroct	or:	Signaturo		Regular Associate Special	Data	
Gradua	le Prog	ram Direct	OI.	Signature:			Date:	
Department Chair:				Signature:			Date:	
College	Dean:			Signature:			Date:	
							I D N	
			ACTION O	N COURSE	PROPOS	AL	☐ New☐ Change☐ Elimination	
	semes		PROVAL to offer this inted pending Gradua			RATION APPROVAL (course titl I minor changes.)	e, numbering, grade	
	luate S	chool			Graduate Scl	hool	Date	
Date FUL		PROVAL o	of this course was gra	ented by the Gradu	 uate Council at its	s meeting on:		
			3	,		3		
	luate S						Date	
Check		ltems:						
1. 2.		Please fu	roposed catalog descrip urnish a detailed syllabu uturned for revision.			ption. lude the following; any syllabus not	meeting these requirements	
	 Course number and title Course description Course Master (indicate Graduate Faculty) List of other faculty involved with course Pre-requisites for enrolling in course A HIPAA compliance statement (where approximate of the course academic objectives) 			·	evaluation methods and contractivity to the final grade in personal participation (either in class or threappropriate for earning credit. If proceedings assessment, the course syllabus evaluate participation. Refer to Gr	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.		course. taught by	Specifically indicate Gra members of the Gradu	aduate Faculty status ate Faculty. If the co	s (Regular, Associa ourse requires colla	ETCH) of each faculty member partite or Special) for each faculty. Gray boration of faculty from various dep	duate courses must be artments, please show	
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 assi						
		to a cour	se please refer to the U	MBC Credit Hour Po	olicy which articulate	es the standards for assignment and	d application of credit hours	
6.		to all courses and programs of study at UMBC regardless of degree level, teaching and learning formats, and mode of instruction. 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.		_						
9.	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 06/01/2020 1034 –018 Page 2