

Course Inventory Form

ONLY ONE COURSE PER FORM
PLEASE TYPE OR PRINT LEGIBLY

1. **Date Initiated:**
2. **Course of action:**
3. **Course prefix and number:**
4. Undergraduate courses only:

Currently part of Core Curriculum? ☐ No ☐ Yes, **Core Code:**
If no, Add to Core Curriculum? ☐ No ☐ Yes*, **Core Code:**
If yes, Delete from Core Curriculum? ☐ No ☐ Yes*

*For additions to and deletions from Core Curriculum, signature approval of Core Curriculum Committee is required below:

Chair, Core Curriculum Committee

Date: _____/_____/_____
Month Day Year

5. **Course title:**
6. **Catalog copy of course:**
7. **Effective term*:** Fall 2007
8. **How often is this course offered?** (*NOTE: Deleted courses will be removed from the inventory effective at the end of the summer term.)
9. **Course prerequisites** (use **and/or** between each): and and and and and and and
and and and and and and and
10. **Course co-requisites** (use **and/or** between each): and and and and and and and
11. **Course pre-/co-requisites** (use **and/or** between each): and and and and and and and
12. **Other requirements, grading restrictions, registration controls:** / / / / / / / /
Other comments:
13. **School:** Department teaching course:
14. **Credit hours:** Minimum: Maximum: **Activity type:** Lecture
15. **Maximum contact hours each week fall semester:** Lecture: Lab: Other:
16. **May this course be repeated for credit?** ☐ No ☐ Yes*, Choose one: ☐ Only as topics vary ☐ Regardless of topics
*Maximum repeatable hours (unlimited = 99):
17. **Should course subtitles be allowed?** ☐ No ☐ Yes, list all possible subtitles (if any): (Course should also be repeatable.)
18. **Grade Type:** ☐ Letter Grade ☐ Credit/No Credit (UG) ☐ Pass/Fail (GR) Other:
19. **Does this course replace a course on the current course inventory?** (Previous course will be deleted.)
☐ No ☐ Yes, previous course prefix, number, and title:
20. **Should this course be cross-listed with any other course(s) of the same level?** (ONLY undergrad with undergrad OR grad with grad)
☐ No ☐ Yes, list course prefix(es) and number(s):
21. **Approvals (please route form in this order):** (Office of the Registrar is final approval)

Associate Dean of School

Date

Registrar

Date

Dean of Undergraduate Education

Date

Dean of Graduate Studies

Date

Completed by the Office of the Registrar (initial/date):

Entered into SIS _____/_____
CB submission term _____/_____
CIP code (new only) _____

NOTE: Should this form expand onto more than one page, please write the **COURSE PREFIX & NUMBER** on any subsequent pages.