

## Temple University Course Inventory Update Form

(\* required fields for new course)

submit form to: [courses@temple.edu](mailto:courses@temple.edu)

\*Date of Proposal: \_\_\_\_\_

\*College/School: \_\_\_\_\_

\*Department: \_\_\_\_\_

\*Action Requested (select one): \_\_\_\_\_ Establish New Course \_\_\_\_\_ Revise Existing Course

(Note: To terminate a course, use the Course Termination Form.)

\*Individual(s) Responsible for Proposal:

Name

E-mail

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Unless otherwise indicated, concerns will be directed to individual(s) responsible for proposal.*

\*Dean or Dean's Designee: \_\_\_\_\_

### Part I: General Course Information

\*This course is for: \_\_\_\_\_ Academic Credit \_\_\_\_\_ Continuing Education (non-credit)

\*Effective Term: \_\_\_\_\_

\*Course Level: \_\_\_\_\_

\*Subject Code: \_\_\_\_\_ \*Course Number: \_\_\_\_\_

(go to [www.temple.edu/provost/aaair/documents/academic-programs/course-numbering-rules-and-conventions.pdf](http://www.temple.edu/provost/aaair/documents/academic-programs/course-numbering-rules-and-conventions.pdf) for standard course numbering conventions).

*If renumbering a course, specify the previous Subject Code and Course Number: \_\_\_\_\_*

\*Course Title (required) (30-character limit, including spaces): \_\_\_\_\_

Long Course Title (optional; 100-character limit, including spaces): \_\_\_\_\_

\*Course Description: (This description will appear in the online Course Catalog. Recommended length: 1500 characters, including spaces.)

\*Total number of Credit Hours or Continuing Education Units (CEU): \_\_\_\_\_

If variable, enter "to" or "or" between minimum and maximum credits (e.g., "1 to 6", "3 or 4").

For information on definition of a credit hour go to [www.temple.edu/bulletin/Academic\\_policies/policies\\_part1/policies\\_part1.shtm#acad\\_credit](http://www.temple.edu/bulletin/Academic_policies/policies_part1/policies_part1.shtm#acad_credit).

\*Grading Mode: Standard (must choose this for undergraduate courses)

or

Non Standard (select all that apply)

\_\_\_ Credit/No Credit

\_\_\_ Pass/Fail

\_\_\_ Audit

\_\_\_ Law – International

\_\_\_ other, please specify: \_\_\_\_\_

\*Schedule Type: \_\_\_\_\_

## Part II: Course Conditions

**A.) Prerequisites** (Specify the **Subject Code**, **Course Number**, **Minimum Grade**, and **Concurrency** for each prerequisite course. Use parentheses as well as and/or statements to clarify groups of prerequisites):

‘(	Subject Code or Test Code	Course # or range of numbers^	Minimum Grade	Concurrent Enrollment (Yes/No)	^Number of courses required within the range	)’	And/Or

**B.) Co-requisites** (list each Subject Code & Course #):

Subject Code	Course #		Subject Code	Course #

**C.) Will special approval be required for all students?** \_\_\_\_ Yes \_\_\_\_ No

If yes, specify from whom students should get approval (e.g, department chair, program director, etc.): \_\_\_\_\_

(Note: This special approval should be added to the special approval field on the Schedule Form (SSASECT) when opening sections for this course.)

**D.) Will this course be restricted to certain groups of students?** \_\_\_\_ Yes \_\_\_\_ No

If yes, specify the Registration Restriction(s) below:

Restriction Types	Specific Restrictions	Include or Exclude	
Department		___ Include	___ Exclude
Field of Study (Major)		___ Include	___ Exclude
Class		___ Include	___ Exclude
Level		___ Include	___ Exclude
Degree		___ Include	___ Exclude
Program		___ Include	___ Exclude
College		___ Include	___ Exclude
Student Attribute		___ Include	___ Exclude
Cohort		___ Include	___ Exclude

**\*E.) Repeatability:** Can this course be repeated for *additional* credit? \_\_\_\_ Yes \_\_\_\_ No

**F.) Equivalent Courses for which students cannot receive duplicate credit:**

Subject Code	Course #	Start Term	End Term		Subject Code	Course #	Start Term	End Term

**G.) Mutually Exclusive Courses:**

Subject Code	Course #	Level	Grade	Start Term	End Term

**H.) Degree Program Attributes** (check all that apply):

- ☐ WI – Writing Intensive
- ☐ HO – Honors
- ☐ GA – General Education Arts
- ☐ GB – General Education Human Behavior
- ☐ GD – General Education Diversity & Race
- ☐ GG – General Education Global/World Society
- ☐ GQ – General Education Quantitative Literacy
- ☐ GS – General Education Science & Technology
- ☐ GU – General Education US Society
- ☐ GW – General Education Analytical Reading/Writing
- ☐ GY – General Education Mosaics I
- ☐ GZ – General Education Mosaics II
- ☐ ANON - Anonymous Grading (for Law School use only)
- ☐ Other: Specify: \_\_\_\_\_

**NOTE:**

- If this is an undergraduate writing intensive course, you must get approval from the Writing Committee before submitting this form for approval.
- If this is an undergraduate Honors course, you must get approval from the Honors Program Director.
- If this is a General Education course, you must get approval from the General Education Director.

**I.) Does this course require a special fee?** \_\_\_\_ **Yes** \_\_\_\_ **No**

(**Note:** Fee requests for academic courses must be approved by the University Fee Committee before it will be entered into Banner; fees for non-credit Continuing Education courses must be approved by the Provost's designated representative and are subject to annual review.)

**Part III: Additional Required Information**

**1a.** Is this course proposal part of an academic program proposal, including a change in array? \_\_\_\_ **Yes** \_\_\_\_ **No**

**1b.** Briefly explain this course proposal and how it affects program requirements (i.e. specify if this course is an elective or a required course for a major, minor, concentration or certificate):

**2.** Explain how this proposal impacts requirements for other courses, especially if this course is a prerequisite or co-requisite for other courses. Also specify the impacted courses:

**3.** If this proposal requests a change to credit hours, explain how this change will affect the required number of credits for each impacted program (i.e., major, minor, concentration, certificate, etc.):

**4a.** Will this course be taught at non-Temple location(s)? \_\_\_\_ **Yes** \_\_\_\_ **No**

**4b.** If yes, which locations?

**5a.** If this is an academic credit course, will it be either shorter or longer than the traditional 15-week fall or spring semester or the six-week summer term? \_\_\_\_ **Yes** \_\_\_\_ **No**

**5b.** If yes, specify the length of this course: \_\_\_\_\_

**6.** If this is a continuing education or open learning course, specify the expected length of the course in days or weeks:

**7.** According to the university course syllabi policy (policy 02.78.13), syllabi must include “a statement of the course goals and learning outcomes that the instructor hopes students in the course will achieve.”

**7a.** List all learning goals:

**7b.** Briefly describe how the goals for this course align with learning goals for the program/major:

**8.** Are there issues of equivalency, redundancy, overlap or confusion with the proposed course and other established courses across the university? \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, complete Appendix A.

#### **Part IV: Equivalence, Confusion, Overlap or Redundancy with Existing Courses**

**1.** List any existing course(s) [including school/college, subject code and course number] with which there may be equivalency, confusion, overlap or redundancy:

<b>School/College</b>	<b>Subject Code</b>	<b>Course #</b>
<i>e.g. Dentistry</i>	<i>DENT</i>	<i>D991</i>

**2a.** Were the above programs consulted as part of the course proposal process? \_\_\_\_ **Yes** \_\_\_\_ **No**

**2b.** Has support from impacted program(s) been obtained? \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, attach letter(s).

**3a.** Were concerns submitted during the 30-day posting period? \_\_\_\_ **Yes** \_\_\_\_ **No**

**3b.** If yes, how are concerns being addressed? Please attach letter(s) of support.

## **Part V: Signatures**

### **Required Signature from Dean or Dean's Designee:**

**This proposal has gone through the necessary approval processes as outlined by the by-laws, governance structure, or practices of the school/college, and I approve the proposal on behalf of the school/college.**

\_\_\_\_\_  
*Dean (or Dean's designee) Signature*                      *Date*

\_\_\_\_\_  
*Print Dean (or Dean's designee) name*

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### ***For Office of the Provost Use Only***

**Posting Period:** \_\_\_\_\_

_____ General Education Director                      Date	_____ Sr. Vice Provost for Undergraduate Studies                      Date
_____ Honors Director                      Date	_____ Graduate School                      Date
_____ Writing Center Director                      Date	_____ Vice Provost Academic Affairs                      Date

**Reviewed by APAC:** \_\_\_\_\_

**Final Approval:** \_\_\_\_ Yes    \_\_\_\_ No

**Date:** \_\_\_\_\_

### ***Finance-Related Approvals:***

_____ Assistant Vice President for Budget                      Date	_____ Bursar                      Date
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