Washington State University MAJOR CURRICULAR CHANGE FORM - - NEW/RESTORE COURSE

Please attach rationale for your request, a complete syllabus, and explain how this impacts other units in Pullman and other campuses (if applicable). Obtain all required signatures with dates. Provide original stapled packet of signed form/rationale statement/syllabus PLUS 10 stapled copies of complete packet to the **Registrar's Office**, campus mail code 1035. Submit one electronic copy of complete packet to wsu.curriculum@wsu.edu. Requested <u>Future</u> Effective Date: (term/year) Course Typically Offered: **DEADLINES:** For fall term effective date: **October 1**st; for spring or summer term effective date: **February 1**st. See instructions. NOTE: Items received after deadlines may be put to the back of the line or forwarded to the following year. Please submit on time. ☐ New Course ☐ Temporary Course ☐ Restore Course course subject/crosslist course no. title Credit hrs lecture hrs lab or studio prerequisite per week hrs per week Description for catalog: Additional Attributes: Check all that apply. ☐ Crosslisting (between WSU departments)* ☐ Conjoint listing (400/500):_____ ☐ Repeat credit (cum. max. hrs):_____ ☐ Variable credit: Special Grading: \square S, F; \square A, S, F (PEACT only); \square S, M, F (VET MED only); \square H, S, F (PHARMACY, PHARDSCI only) Other (please list request): ☐ Cooperative with UI The following items require prior submission to other committees/depts. (SEE INSTRUCTIONS.) Request to meet Writing in the Major [M] requirement (Must have All-University Writing Committee Approval.) ☐ Request to meet UCORE in ______(Must have UCORE Committee Approval → See instructions.) ☐ Special Course Fee______(Must submit request to University Receivables.) Contact: Phone number: Campus mail code: Instructor, if different: Email: All-University Writing Com / date Chair/date Dean/date Chair (if crosslisted/interdisciplinary)* Dean (if crosslisted/interdisciplinary)* **UCORE** Committee Approval Date **GSC or AAC Approval Date** Catalog Subcommittee Approval Date **Faculty Senate Approval Date** *If the proposed change impacts or involves collaboration with other units, use the additional signature lines

provided for each impacted unit and college.