

CAPA Course Proposal Instructions for a Graduate-Level Course

Owning Course Prefix: _____

Number: _____

Crosslisted Prefix *(if applicable)*: _____

Course Title:

Athena Title *(limited to 30 characters, including spaces)*:

Course Description *(must be 50 words or less)*:

Grading System:

_____ A-F (Traditional)

_____ S/U (Satisfactory/Unsatisfactory)

_____ A/S (A-F or S/U): *(For graduate-level courses only. If this option is selected, justification for the need for this grading system and when A-F or S/U will be used must be provided.)*

Credit Hours and Lecture/Lab/Discussion Hours:

	Fixed	or	Variable
Credit Hours	_____		_____
Lecture hours per week	_____	or	_____
Hours in lab per week	_____	or	_____
Hours in discussion group per week	_____	or	_____

Non-Traditional Format *(if applicable):*

Repeat Policy:

_____ Course cannot be repeated for credit

_____ Course can be repeated for credit – maximum credit allowed _____ hours

Equivalent Courses *(if applicable):*

Required Prerequisites *(if applicable, courses numbered 3000-5999 must include a prerequisite):*

Prerequisite or Corequisite Courses *(if applicable):*

Corequisite Courses *(if applicable):*

Primary Delivery Mechanism *(select only one):*

_____ Lecture	_____ Practicum	_____ Thesis/Dissertation
_____ Seminar	_____ Directed Study	_____ Supervised Laboratory
_____ Internship	_____ Student Teaching	_____ Unsupervised Laboratory

Course Will Be Offered:

Every Year _____ Fall _____ Spring _____ Summer _____ Unknown

Every Even-Numbered Year _____ Fall _____ Spring _____ Summer _____ Unknown

Every Off-Numbered Year _____ Fall _____ Spring _____ Summer _____ Unknown

_____ Scheduling for this course has not yet been determined

_____ Course will not be offered on a regular basis

Student Learning Outcomes (SLO):

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

SLO: _____

Topical Outline (TO):

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

TO: _____

University Honor Code and Academic Honesty Policy *(if applicable):*

Originator of Request:

First Name: _____ Last Name: _____ Email: _____

Comments:

Any comments you wish to include may be entered in the box below. Any comments entered in this box will be visible by anyone who views the course in CAPA Browse. These comments will not be included with the posted course information once the course is approved.

Save or Submit *(one of the following must be selected):*

_____ Temporary Save

_____ Submit to Department Staff

_____ Submit to Department Head