# CAPA Course Proposal Instructions for an Undergraduate-Level Course with a Lab or Discussion Group

**Owning Course Prefix:** _____

**Number:** _____

**Crosslisted Prefix** *(if applicable)*: _____

**Course Title:**

_____

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

_____

**Non-Credit Lab or Discussion Group Title** *(limited to 30 characters, including spaces)*:

_____

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

**Grading System:**

_____ A-F (Traditional)

_____ S/U (Satisfactory/Unsatisfactory)

**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