



Date

USCB New Course Proposal

Required Attachments:

Justification

Course Syllabus

Bibliography

General Education Form *(If needed)*

Proposed Course: Discipline Code:

Course Number: **B**

Credit Hours:

New Course Title:

University Bulletin
Description

Prerequisite

Co-requisite

Would the proposed course require additional faculty, facilities, library resources or funding?
(If yes, attach letters of support from appropriate officials)

YES

NO

Acceptable Transfer Replacements in USC System (Optional)

Campus:

Course Number:

Campus:

Course Number:

Campus:

Course Number:

Campus:

Course Number:

Grading Format (Check all that apply):

Standard

Pass/Fail

Course Registration Permission Needed?

None

Instructor

Department

Can this course be audited?

Auditable

Not Auditable

Effective Term for Update:

Fall

Spring

Summer

YEAR

Contact Person

Name:

Department:

Phone Number:

Email Address:

Notifications

Recommendation

Department Chair Yes No

Date:

Date reported to or approved
by Faculty Senate

C3 Committee
Chair Yes No

Date:

Approvals

Faculty Senate
Chair

Date:

Provost

Date: