



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?    YES    NO  
(If yes, attach letters of support from appropriate officials)

**Acceptable Transfer Replacements in USC System (Optional)**

**Campus:**                      **Course Number:**                      **Campus:**                      **Course Number:**

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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: