



Graduate New Course Request Form

Use for courses "G" and 500-899.

Department Name: _____		Effective Term and Year: _____			
Program Name: _____ <input type="checkbox"/> Existing Program <input type="checkbox"/> New Program <input type="checkbox"/> Proposed Program not yet approved by the BoR					
Justification:					
If "G" course, explain extra requirements for graduate students:					
Describe present and future availability of faculty, equipment, and other resources needed for this course:					
Will this impact other Departments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which department? _____					
Do any other departments currently offer courses which may overlap the new course? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, does that department agree that there is no significant conflict or overlap in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Department/Individual Consulted: _____					
New Course Information: (Required)	Prefix: _____	Number: _____	Credit: _____	Lab: _____	Lecture: _____
	Course Title: _____		Schedule Type: _____ / _____		Grading Option: _____
	30 Character Max Abbreviation: _____			CIP Code: _____	
Description:					
Prerequisite(s):		Co-requisite(s):		Pre/Co-requisite(s):	
Restriction(s): _____					
Repeatable Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Repeatable Credit Limit: (choose one) Maximum number of times: _____ Maximum number of hours: _____ <input type="checkbox"/> Unlimited		Variable Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __ min and __ max credits Variable Topic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre/Co-Requirement for other Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide courses: _____					
ADMIN USE ONLY AA REVIEWED _____ PROCESSED _____ REGO PROCESSED _____		Name	Phone Ext/Email	Signature	Date
		Submitted By			
		Department Head			
		Academic Dean			
		Grad Curriculum Committee			
		Graduate Dean			
Office of Academic Programs					

Upon approval by the Academic Dean, email the signed form **directly** to academicprograms@louisiana.edu. The Office of Academic Programs will record as received, review for compliance with the University style guide and completion of information, and route as required to other approval entities. Check your college OneDrive for updates.