**Course Revision Proposal**

**Title of Proposal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Department(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Department Review and Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature(s) of Sponsoring Chair(s)/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean’s Preliminary Review:**

College:  CAS  PCPS  KSOM

Proposal:  Complete

Satisfies University of Scranton Curricular Requirements

 Consistent with College Goals/Mission

 Additional preliminary comments below

**Dean’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Signatures (i.e. Department Chairs/Program Directors of Impacted Programs and/or of the Library):**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_***

Department Signature Date

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_***

Department Signature Date

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_***

Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

**Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* 26 character limit includes spaces, special characters and attributes in parentheses.*

**Course Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Course Revision (please check all that apply)**:

 Course Title

 Course Number

 Pre-Requisite, Co-Requisite, or Concurrent Course

 Catalog Description

 Number of credits

 Course Content

 Student Learning Outcomes

 Other

**Details of the Revision**:

**Rationale for Revision**:

**Is the course open to non-majors?**  Yes  No

\* If yes, please indicate the distribution of students (by program) the last 4 times that the course was offered.

**Will any programs (majors, minors, concentrations, tracks, graduate program, or specializations) be impacted by this course change?**  Yes  No

\* If yes, please list the names of the program (s) in the box below and explain the impact and response of the affected program(s).

\* *Please note that if a program is impacted by this change, the signature of the Department Chair or Program Director is required on the first page of this proposal.*

**Will the revision require allocation/reallocation of University resources?**  Yes  No

\* If yes, please list in the box below.

\* *Please note that if library resources are listed, please obtain the signature of the Department Chair of the Library.*

**Required Attachments:**

If the course revision impacts the content of the course (i.e. involves a change in the catalog description, number of credits, course content, or student learning outcomes), please attach an old syllabus and a new syllabus with the changes highlighted. Please make sure that the syllabus adheres to the guidelines posted on the Provost’s website.