



Curriculum Review Committee

Curriculum Manager

email: curriculum@gbcnv.edu

New Course Form

SECTION 1: SUBMITTER INFORMATION

Name of submitter: _____ Phone Number: _____

Email Address _____ Submission Date: _____

Department: _____ GBC Center: _____ Building & Room #: _____

SECTION 2: NEW COURSE INFORMATION

Syllabus must be submitted with this form.

Effective Term: _____ Subject and Catalog Number (example ACC 201): _____

Full Course Title: _____

Abbreviated Title (30 characters or less): _____

Will this be a general education course? : Yes N/A (if yes, please list the general education objective it fulfills)

Date approved by General Education Committee: _____

Will this be cross-listed with another course? Yes No (if yes, prefix and course number) _____

Grading Basis: A-F S/U

Credits: Fixed credits: _____ **OR** Variable credits: _____ to _____

Repeatability: A student may earn credit(s) for this course only one time and may retake this course to improve a grade, but will not receive credit more than once. **OR**

A student may repeat this course for credit up to a total number of credits _____

OR up to a total number of completions _____

Transferability: Course is TRANSFERABLE for any NSHE Baccalaureate degree

Course is NON-TRANSFERABLE (Formally called a "B" course)

Prerequisites (Please use "and" or "or" between each req.): **Corequisites** (Please use "and" or "or" between each req.):

Is department consent required? (If yes, this will prevent students from enrolling via self-service): Yes No

Catalog Description:
(must be identical to the catalog description on the class syllabus)

Will this course be used to satisfy a program requirement? Yes No
If yes, list the program(s) below:

SECTION 3: APPROVALS

<u>Submitter</u>	<u>Department Chair</u>
Name _____	Name _____
Signature: _____	Signature: _____
Date: _____	Date: _____

This form will not be accepted without the above signatures.

<u>Curriculum Review Chair</u>	<u>Curriculum Manager</u>
Name _____	Name _____
Signature: _____	Signature: _____
Date: _____	Date: _____

<u>Dean</u>	<u>Vice President of Student and Academic Affairs</u>
Name _____	Name _____
Signature: _____	Signature: _____
Date: _____	Date: _____