

2012-2013 COURSE APPROVAL REQUEST FORM
COLUMBIA COLLEGE, SCHOOL OF GENERAL STUDIES
GRADUATE SCHOOL OF ARTS & SCIENCES

This form must be submitted for all courses that are new or have not been taught for five or more years. In addition to the completed form please submit the following documentation:

1. Syllabus
 2. Instructor CV only if new and not a full-time member of the faculty and/or instructional staff
- For additional instructions, please refer to: www.college.columbia.edu/coi-procedures

- Courses for undergraduate students – submit materials to: cc-gs-courses@columbia.edu
- Courses for graduate students – submit materials to: gsas_dean@columbia.edu

INSTRUCTORS: *please complete this section*

Name of Department/Program: _____ Subfield: _____

Term(s) to be offered: _____ Year to be offered: _____ Points: _____

Course Title: _____

Instructor(s): _____

Course Type: _____ Lecture _____ Seminar _____ Colloquium _____ Language
 _____ Laboratory _____ Fieldwork _____ Studio _____ Other

Additional class meetings: _____ Discussion/Recitation _____ Film screening _____ Other: _____

Prerequisites/Corequisites, if any: _____

Proposed enrollment limit (maximum or expected number of students): _____

Enrollment priorities: _____

Syllabus to include:

- | | |
|--|--|
| <ul style="list-style-type: none"> Course information Instructor contact information and office hours Course description, overview, and goals Course requirements and grading (include weighting of assignments and deadlines) | <ul style="list-style-type: none"> Weekly breakdown of topics and readings, with publication information for readings Class and university policies, including a statement on academic integrity |
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DIRECTORS OF UNDERGRADUATE or GRADUATE STUDIES: *please complete and sign this section*

Curricular Planning: please indicate the appropriate CPS categories for this course

Required for: _____ undergraduate majors _____ majors in other departments

_____ PhD candidates _____ MA candidates

Elective for: _____ undergraduate majors _____ MA/PhD

Consider as: _____ Science Requirement _____ Global Core _____ UG Language Requirement

Confirm which departments consulted if appropriate: _____

Signature (indicates department faculty approval of this course): _____

Name: _____ Date: _____

ACADEMIC DEPARTMENT ADMINISTRATORS: *please complete this section*

Designator and Course Number (e.g. URDU W3445) _____

Days and Hours: _____ New Instructor? _____ Yes _____ No

New course? _____ Yes _____ No - term & year last offered: _____