

**FAIRLEIGH DICKINSON UNIVERSITY  
COURSE AUTHORIZATION FORM**

PLEASE CHECK:     NEW COURSE PROPOSAL     REVISE COURSE     DELETE COURSE

COLLEGE: \_\_\_\_\_ DEPARTMENT/SCHOOL: \_\_\_\_\_ CAMPUS: Florham Metro Vancouver Wroxtton

**SECTION I: NEW COURSE PROPOSAL**

**PLEASE NOTE:** For appropriate inclusion of this course it is important to complete all items in this section.

Subject Area/Proposed Catalog No.: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Contact Hours (if different): \_\_\_\_\_

Course Title: \_\_\_\_\_ Effective Semester: \_\_\_\_\_ IPEDS Code: \_\_\_\_\_

Catalog Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prerequisite Course(s): \_\_\_\_\_ Co-requisite Course(s): \_\_\_\_\_

Lab Fee (if Applicable): \_\_\_\_\_ (If a new course, attach separate sheet justifying fee request.)

Course Format:    Lecture                      Lab                      Gym                      Web                      Other \_\_\_\_\_

Course Level:    Undergraduate                      Developmental                      Freshman                      Sophomore                      Junior                      Senior

Graduate                      Prerequisite                      1st year                      2nd year                      3rd year                      Doctoral

Restrictions: for example, Executive MBA only, Accelerated Nursing only, Educational Leadership only, Video Majors only.

Message: for example, Adult Learners, Need Web Account, Sophomore Standing, Department Chair Approval.

Please Specify \_\_\_\_\_

Course Replacement: \_\_\_\_\_ (Please complete Section 3 if this is a replacement for an active course.)

Course Equivalencies:    College: \_\_\_\_\_ Catalog No.: \_\_\_\_\_ Title: \_\_\_\_\_

                         College: \_\_\_\_\_ Catalog No.: \_\_\_\_\_ Title: \_\_\_\_\_

                         College: \_\_\_\_\_ Catalog No.: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION 2: COURSE REVISION**

Catalog No.: \_\_\_\_\_ Course \_\_\_\_\_ Title: \_\_\_\_\_

Please check revision(s):                      Title                      Cr. Hrs.                      Description                      Other \_\_\_\_\_

Revision(s): \_\_\_\_\_

\_\_\_\_\_

**SECTION 3: COURSE INACTIVATION**

Catalog No.: \_\_\_\_\_ Course Title: \_\_\_\_\_ Effective Semester: \_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_ Date \_\_\_\_\_  
Chairperson/Director

\_\_\_\_\_ Date \_\_\_\_\_  
CEPC Chairperson

\_\_\_\_\_ Date \_\_\_\_\_  
Dean

\_\_\_\_\_ Date \_\_\_\_\_  
Date

-----THIS SECTION TO BE COMPLETED BY ENROLLMENT SERVICES-----

Catalog Description Reviewed: \_\_\_\_\_ Date \_\_\_\_\_

Catalog Course Authorization Entered: \_\_\_\_\_ Date \_\_\_\_\_

Distribution:    Chairperson/Director                      Dean                      Enrollment Services