FAIRLEIGH DICKINSON UNIVERSITY
COURSE AUTHORIZATION FORM

PLEASE CHECK: □ NEW COURSE PROPOSAL □ REVISE COURSE □ DELETE COURSE

COLLEGE: __________________________ DEPARTMENT/SCHOOL: __________________________ CAMPUS: Florham Metro Vancouver Wroxton

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):

<table>
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<tr>
<th>Title</th>
<th>Cr. Hrs.</th>
<th>Description</th>
<th>Other</th>
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Revision(s):

SECTION 3: COURSE INACTIVATION

Catalog No.: __________________________ Course Title: __________________________ Effective Semester: _______

APPROVALS:

Chairperson/Director __________________________ Date __________________________

CEPC Chairperson __________________________ Date __________________________ Dean __________________________ Date __________________________

______________________________________________________________________________
THIS SECTION TO BE COMPLETED BY ENROLLMENT SERVICES

Catalog Description Reviewed: __________________________ Date __________________________

Catalog Course Authorization Entered: __________________________ Date __________________________

Distribution: Chairperson/Director Dean Enrollment Services