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Seattle Pacific UNIVERSITY

Student Academic Services

CATALOG COURSE FORM

This Form should be used whenever a School/College proposes a new course or modifies an existing course. Please fill in the appropriate blanks and follow the Curricular Review Procedures located in the Academic Policy Manual. Catalog Course Changes become effective the Autumn of each new catalog year, unless granted special permission by the Office of Academic Affairs.

COURSE INFORMATION

Subject: _____ Course Number: _____ Implement Change for: _____Qtr._____Year

Course Title (30 characters): each block represents a letter, a space or a character.

Publication Title (unlimited characters) _____

New Course ☐ (Fill in all appropriate information) ☐ Change to course (Fill in only those items that need to be changed) ☐ Inactivate Course

School/College: _____ Department(Determines Catalog Grouping): _____

Special Approval: _____ (i.e.: Instructor Signature)

Credits: Minimum _____ Maximum _____ Please circle the appropriate Level: UG GR DR

Repeatable: Yes ☐ No ☐ If YES, choose one: (1) # of Times:___ (2) Total # of Credits : _____

Grading Mode: _____ (see directions for options) Schedule Types: _____ _____ _____ (see directions for options)
(R or I) (L or N)

Co-Requisites: _____ Pre-Requisites: _____ Concurrent: Yes No (circle one)

Equivalents: _____ (i.e. - Math 1360 is equivalent to Bus 1360)

Tuition Detail Code: _____Description: _____ Amt: _____ Per Credit/Flat (circle one)

Fee Code: _____Description: _____ Amt: _____ Per Credit/Flat (circle one)

Catalog Text Description: _____

_____

_____

_____

Degree Attributes: General Ed. (_____) Foundation (_____) Exploratory Curriculum (_____)
(require UPEC or GPEC approval) indicate category indicate category indicate category

Circle all that apply Upper Division Distance Learning Writing (Director: Campus Writing must approve)

Registration Restrictions: **(indicate all those that apply and circle the appropriate restrictions)**

Class: _____Include/Exclude Level: _____Include/Exclude

Major: _____Include/Exclude School: _____ Include/Exclude

I/We approve this course under the conditions listed above.

1. Department Chair:_____ Date: _____
2. Graduate Director: _____ Date: _____
3. School/College Dean: _____ Date: _____
4. UPEC or GPEC: _____ Date: _____

SAS Use Only: Entered By: Date: