

**Academic Policies and Procedures Committees**  
**PROPOSAL FORM -- Part A**

<input type="checkbox"/> Graduate AP&P <input type="checkbox"/> Undergraduate AP&P <input type="checkbox"/> Both (Dual-Listed Courses) Submit simultaneously	Department/Program Proposal # _____ Proposed Effective Date: FALL (year) _____
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College/Unit \_\_\_\_\_ Assoc. Dean \_\_\_\_\_ Proposer(s) \_\_\_\_\_

Department/Program \_\_\_\_\_ Chair \_\_\_\_\_

1. I want to: \_\_\_\_\_ Briefly describe the action(s) requested:

2. Rationale for this request:

3. a. List the current catalog copy (attach separate sheet if more space needed.)

b. List the proposed catalog copy (attach separate sheet if more space needed.)

c. Other REQUIRED attachments: see **General Instructions**

**AP&P PROPOSAL FORM -- Part A (continued)**

4. List the committees, councils, and other groups that have considered this proposal; the action taken; and the date that action was taken.

Area	Action			Date of Action m/d/yyyy
	approved	not approved	not applicable	
Department/Program Faculty (undergraduate)				
Department Graduate Faculty (graduate)				
College Council(s)				
General Education Council				
Council on Professional Education				
Honors Council				
Undergraduate Academic Policies & Procedures Committee				
Graduate Academic Policies & Procedures Committee				

5. Contact the Registrar's Office and (if applicable) Graduate School

Area	Person Contacted Including Title	Response	Date of Response m/d/yyyy
Registrar's Office			
Graduate School			

6. a. Please search the current online bulletin for courses and programs of study affected by this proposed change, including any in your own department. List each course and program in the appropriate table below or, if applicable, choose none. Attach a separate spreadsheet if necessary. (Click here for instructions on searching Online Bulletin.)

None	Course(s) Affected (number & title)

None	Program(s) Of Study Affected (program code & title)

b. List all affected department chairs/program directors, including those from 6a as well as those whose programs may be impacted in ways other than listed above, who have been consulted in the development of this proposal and their response in support or opposition to the proposal.

Name	Department/Program	Response	Date of Response m/d/yyyy

7. Is this a cross-listed course in another department? yes \_\_\_ no \_\_\_ n/a \_\_\_ (If yes, list the cross-listed courses:)
8. Is this a General Education course? yes \_\_\_ no \_\_\_ n/a \_\_\_ (If requesting new general education credit, attach a syllabus and submit Part C of the AP&P proposal form to the Office of General Education)
9. Distance Education:
- a. Does this proposal affect a course or requirement of a Distance Education program? yes \_\_\_ no \_\_\_ If yes, has Distance Education been consulted? yes \_\_\_ no \_\_\_ If yes, list the *date(s)*, **Distance Ed** contact person, and their **response** in support or opposition to this proposal:
- b. Mode of delivery: fully online \_\_\_ site-based \_\_\_  
If you are not sure, contact the Office of Distance Education.
10. Schedule Type for new courses: