

Academic Policies and Procedures Committees

PROPOSAL FORM -- Part A

Graduate AP&P Undergraduate AP&P 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. For additions/changes to courses:

a. List the current Bulletin copy (including dual- or cross-listed information, if applicable). Attach separate sheet if more space is needed.

b. List the proposed Bulletin copy (including dual- or cross-listed information, if applicable). Attach separate sheet if more space is needed.

4. **Attachments:** For additions/changes to programs of study or policy, attach marked up program of study or Bulletin copy showing revisions. For new courses, attach syllabus.

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

5. 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				
Professional Education Council				
Honors Council				
Undergraduate Academic Policies & Procedures Committee				
Graduate Academic Policies & Procedures Committee				

6. Contact and share proposal with the Registrar's Office and (for graduate proposals) Graduate School early in the proposal development.

Area	Person Contacted	Review Comments	Date of Comments m/d/yyyy
Registrar's Office			
Graduate School			

7. For Course and Program of Study changes and additions:

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 list 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 7a 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. Use of another unit's course requires approval from that unit.

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

8. If a policy change or deletion is requested, list all units or groups who were consulted in development of this proposal.
List the person(s) and date contacted and their response.

9. If changing a course number or adding a course, is the proposed course equivalent to an existing course in Banner?
yes ___ no ___ n/a ___ (If yes, list the existing and proposed equivalent course below)

Existing Course		Proposed Course	
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10. Is this a General Education course? yes ___ no ___ n/a ___ If yes, consult the Office of General Education. (NOTE: If requesting new general education credit, you must submit Part C of the AP&P proposal form to the Office of General Education.)

11. a. Does this proposal affect a course or requirement of an AppState Online or Distance Education program? yes ___ no ___
If yes, what is the mode of delivery? fully online ___ site-based (includes hybrid) ___
If yes, contact AppState Online (online@appstate.edu) and Site Management and State Authorization (stateauthorization@appstate.edu).
List the date, the person(s) contacted, and the response.

12. If the schedule type is being updated and is not designated as an Internship (INT), Practicum (PRA), Field Experience (FLD), Clinical (CLN) or Student Teaching (ST) experience, but students will be applying their skills in an experiential manner such as providing professional advice to community members or working directly with minors, has General Counsel been consulted regarding liability?
yes ___ n/a ___
If yes, list the date, the person contacted, and the response.