

School of Graduate Studies  
**GRADUATE COURSE PROPOSAL FORM (REVISED JANUARY 29, 2004)**

**NOTE:** If dropping a course, complete A and C, if adding or changing a course, complete all sections

FACULTY:

GAU:

DATE:

**A. APPROVAL REQUESTED FOR:**

☐ **NEW** Course

☐ **DROP** Course

☐ **CHANGE** in Course

COURSE TO BE DROPPED: Number and Title:

or COURSE CHANGE IN: ☐ Number ☐ Units ☐ Regulations ☐ Title ☐ Prerequisites ☐ Description

Proposed new course or change(s) effective: September 20 \_\_\_\_\_ January 20 \_\_\_\_\_ May 20 \_\_\_\_\_

**B. PLEASE PROVIDE THE FOLLOWING COURSE INFORMATION:**

Proposed Instructor: \_\_\_\_\_ Frequency of Offering: ☐ Every Year ☐ Alternate Years ☐ not regularly offered

Prerequisites: \_\_\_\_\_ Number of Credit Hours

Former Number and Title:

Proposed Number and Title

Description of Proposed Course:

In the interest of avoiding duplication, have you consulted other GAUs? ☐ Yes ☐ No

Please list other GAUs consulted & indicate any concerns expressed (use reverse if not enough room).

Estimated Class Size: \_\_\_\_\_ Estimated Computer Needs: \_\_\_\_\_

Charge Units: \_\_\_\_\_ Terminal or Microcomputer Hours: \_\_\_\_\_ Name of Computer Services Staff Consulted

Will Course require additional Library resources: ☐ Yes ☐ No

If YES - a) Has a bibliography been submitted to the Collections Department of the Library

☐ Yes ☐ No

b) If not, have arrangements been made to do so?

☐ Yes ☐ No

c) If not, by what date will consultation take place? \_\_\_\_\_

**NOTE: Please do not submit the form to SGS without both the GAU & the Faculty Signatures.**

**C. APPROVALS:**

GAU: \_\_\_\_\_  
Director of Graduate Studies

Date: \_\_\_\_\_

Chair of GAU

Date: \_\_\_\_\_

Faculty: \_\_\_\_\_  
(Signature of Dean)

Date: \_\_\_\_\_

Dates of Approval: Executive Committee: \_\_\_\_\_ Fredericton Senate: \_\_\_\_\_

Board of Governors: \_\_\_\_\_ Saint John Senate: \_\_\_\_\_

APPROVAL SENT TO GAU ON \_\_\_\_\_.