

Department Name and Number \_\_\_\_\_

Recommended SCNS Course Identification

Prefix \_\_\_\_ Level \_\_\_\_ Course Number \_\_\_\_ Lab Code \_\_\_\_

Full Course Title \_\_\_\_\_

Transcript Title (please limit to 21 characters) \_\_\_\_\_

Effective Term and Year \_\_\_\_\_ Rotating Topic  yes  no

Amount of Credit \_\_\_\_ Contact Hour: Base \_\_\_\_ or Headcount \_\_\_\_ S/U Only  yes  no

Repeatable Credit  yes  no If yes, \_\_\_\_ total repeatable credit allowed

Variable Credit  yes  no If yes, \_\_\_\_ minimum and \_\_\_\_ maximum credits per semester

Course Description (50 words or less)

  
  
  
  
  
  
  
  
  
  

Prerequisites	Co-requisites
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Degree Type (mark all that apply)  Baccalaureate  Graduate  Professional  Other \_\_\_\_\_

Category of Instruction  Introductory  Intermediate  Advanced

Rationale and place in curriculum

  
  
  
  
  
  
  
  
  
  

Department Contact	Name	Phone	Email
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College Contact	Name	Phone	Email
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