**UNIVERSITY ACADEMIC COUNCIL**

**COURSE ADDITION FORM**

|  |  |
| --- | --- |
| Initiating School: | Department/Division: |
| Requested Effective Date: | Initiating Catalog Publication Year: |

1. **DESCRIPTION OF NEW COURSE**

|  |  |
| --- | --- |
| Course Subject Prefix: | Course Catalog No.: |
| Academic Organization (Program or Division)\*: | |
| Short Title (30 char.; appears on transcripts): | |
| Long Title (100 char.; appears in catalog): | |
| Prerequisites: | |
| No. of Units: | |
| Catalog Description of New Course: | |
| Credit Hours (based on a minimum 15-week term): | |
| This course complies with Pepperdine University’s credit hour policy. | |

1. **RATIONALE FOR REQUESTED NEW COURSE**

What evidence or data do you have to support this new course? Select all that apply, and explain below.

Five- or seven-year program review

Annual assessment data

Other curriculum review by faculty

|  |
| --- |
| *Begin typing here.* |

1. **BUDGETARY IMPACT OF PROPOSED COURSE** (Be specific about actual expenditures required.)

Has the budget been reviewed by the school’s major area budget manager?

|  |  |
| --- | --- |
| Yes | No |

|  |
| --- |
| *Begin typing here.* |

1. **EFFECT OF THE NEW COURSE ON OTHER DEPARTMENTS, INCLUDING LIBRARIES, INFORMATION TECHNOLOGY, AND ACADEMIC UNITS**

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| *Begin typing here.* |

1. **MISSION ALIGNMENT**: How does this course advance and support the mission of the School and the University?

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| *Begin typing here.* |

1. **PROGRAM ALIGNMENT**: How does this course fit into the program learning objectives? (Attach a copy of the program curriculum matrix showing where this course fits.)

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| *Begin typing here.* |

1. **ATTACH SYLLABUS FOR PROPOSED COURSE**: Syllabus should include course learning outcomes, assessment strategies, typical schedule, and meeting times that adhere to the University’s credit hour policy.
2. **INFORMATION FOR ONLINE STUDENT SYSTEM**

Course Career will be classified as:

|  |  |  |
| --- | --- | --- |
| Undergraduate | Graduate | Law |

How will this course be graded? Choose an item.

Is there a component class or activity associated with this course? Choose an item.

Will the component be graded separately?

|  |  |
| --- | --- |
| Yes | No |

(If yes, please submit separate Course Action Form for component.)

Will special consent be required to enroll in this course? Choose an item.

Can this course be repeated for credit?

|  |  |
| --- | --- |
| Yes | No |

How many times? Click here to enter text.

Can students enroll in this course more than once in a single term?

|  |  |
| --- | --- |
| Yes | No |

Please note any special fee associated with this course: Click here to enter text.

(All fees must be approved by UMC.)

Indicate if the course has a special requirement designation or attribute (check all that apply):

|  |  |  |
| --- | --- | --- |
| General Ed (GE) | Presentation Skills (PS) | Research Methods (RM) |
| Writing Intensive | Other | |

Uses exam numbers?

|  |  |
| --- | --- |
| Yes | No |

**Form Completed By**

|  |
| --- |
| Name: |
| Title: |

PLEASE SUBMIT COMPLETED FORM AS A PDF.