# NEW COURSE REQUEST—FORM B

♦ **Allow at least 6 months to complete the entire approval process.**
♦ **Please refer to the Form B Instructions at www.unm.edu/~unmreg**
♦ **Four sets of forms must be collated and submitted.**

Submission Date _____ / _____ / 20 _____

Name of Faculty Member Initiating Request _____

Initiator's Position / Title_____

College _____

Department _____

Phone _____Email _____

Branches Only – course is

Type 1 ☐ Type 2 ☐ Type 3 ☐

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**A.** A1. Attach four copies of a precise, complete catalog listing of the proposed new course following the current format used in the printed UNM catalog. The listing must include the course subject code and the course number, long title, credit hour value, and course description (no more than 35 words). To indicate graduate credit for course numbers outside of 500-699, an asterisk (*) should precede the course number.

A2. Attach four copies of a course syllabus and bibliography (include suggested course text and schedule of topics covered in the course).

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**B.** B1. Course Subject Code _____ B2. Course Number _____ B3. Proposed Effective Term_____

B4. Long Course Title (up to 100 letters, including spaces):



B5. Proposed Short Course Title (up to 30 letters, including spaces):

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B6. College _____ B7. Department _____ B8. CIP Code _____
(assigned by Assoc. Provost for Academic Affairs)

| B9. Credit Hours | | | |
|---|---|---|---|
| | Fixed Credit | Variable Credit | |
| | | Low | Or / To | High |
| Credit Hours | | | | |
| Lecture Hours | | | | |
| Lab Hours | | | | |

**B10. Repeat Rules**

Is the course repeatable for credit?   Yes ☐   No ☐

• The course may be repeated _____ times (*exclusive of the first time*).
    **AND / OR**
• The course may be repeated for_____ hours (*inclusive of the first time*)

B11. Course Level (check one only):   UG ☐   GR ☐   Law ☐   PharmD ☐   MedD ☐
   ☐ Graduate credit for course numbers outside of 500-699 (requiring an asterisk before the number)
      *If graduate credit is available for courses numbered outside of 500-699, complete section F1.*

B12. Grade Options: The standard grading scale in the catalog will be applied to this course.   Yes ☐   No ☐
      *If no, select the appropriate option and complete section F2.*
         ☐   The grade scale will be exclusively CR/NC.
         ☐   The grade scale will be an alternative to the standard scales in the catalog.

B13. List all schedule type(s) (may be more than one):

a. _____  b. _____  c. _____  d. _____  e._____

**C.** C1. Co-requisites to this course: a. _____ b. _____ c. _____

*If this course is a new co-requisite to those listed, you must submit a Form A for each course that is affected.*
*Note: Please see the instructions for information on one-way vs. two-way co-requisites.*

C1a. If the co-requisite course exists in another department, the co-requisite offering department must approve it as well.

| | a. | b. | c. |
|---|---|---|---|
| Department | | | |
| Course | | | |
| Chair Name | | | |
| Chair Signature | | | |

C2. Crosslisted courses:  Complete the table, including signatures from all departments offering the crosslisted courses.

| | a. | b. | c. | d. | e. | f. |
|---|---|---|---|---|---|---|
| Department | | | | | | |
| Subject Code & Number | | | | | | |
| Chair Name | | | | | | |
| Chair Signature | | | | | | |

C3.  Course Fees:   Yes ☐   No ☐   If yes, attach a completed, signed *Special Course Fees Approval Form* from the office of the Associate Provost for Academic Affairs.

C4.  Is this course *elective* ☐   or *required* ☐   for a degree program?  If *required*, **submit a Form C** as well.

C5.  Branches Only: Is this course:  Occupational ☐   Technical ☐   Academic ☐   *(Please check one)*

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**D.** D1.  Restrictions. List any restrictions placed on students for registration in any section of this course. If none, write "None" in the box.

D2.  Pre-requisites for Course:  If the course has pre-requisites, list all of them, including course subject code and course number or test name and test score for each one. Be sure to include the appropriate conjunction (and / or) between each item and between any sets of pre-requisites.  If any of the pre-requisites come from another department, have the department chair sign to acknowledge awareness of those relationships.  If none, write "None" in the box.

For courses outside the offering department to be used as pre-requisites:

_____     _____     _____
      Department Chair Signature                    Department Chair Signature                    Department Chair Signature

**E.**  E1.  Does this course duplicate any content in the current UNM Catalog?   Yes ☐   No ☐

*If yes, complete the following table:*

| Department Name | Duplicate Course | Department Chair | Chair Signature | Check One: | |
|---|---|---|---|---|---|
| | | | | AGREE TO DUPLICATE | |
| | | | | DISAGREE TO DUPLICATE | |
| | | | | AGREE TO DUPLICATE | |
| | | | | DISAGREE TO DUPLICATE | |
| | | | | AGREE TO DUPLICATE | |
| | | | | DISAGREE TO DUPLICATE | |

E2.  Has this course been offered as a topic course?   Yes ☐   No ☐
If yes, in which term(s), and to what average enrollment?_____

E3. Will this course replace a deleted course?   Yes ☐   No ☐   If yes, which one? _____

If yes, and the deleted course is 100 or 200 level, has this change been discussed with all the branch campuses that offer this course?   Yes ☐   No ☐

Provide a statement below or attach a memo explaining how this replacement will impact Branch campuses and programs.

**F.** F1.   Justification for Graduate Credit:  If the course is numbered outside of 500-699, indicate the nature of additional work to be required of graduate students.

F2.   Justification for CR/NC or Alternative Grading Scale (include scale in justification):

**G.**  G1. Budgetary and Faculty Load Implications. All new courses have such implications, even when replacing a deleted course.

a.  Justification for offering the course:

b.  Impact on long-range planning for unit, school / college, and university:

c.  Budget and faculty load data:

G2.  Relevant Library Impact Statement: Complete below or attach a signed memo.

_____          _____
                Name of Library                                                Name and Signature of Librarian

**H**. Required Signatures:

| Office | Signature | Date |
|---|---|---|
| 1. Department Chair | | |
| 2. College or School Curricula Committee | | |
| 3. College or School Faculty (if necessary) | | |
| 4. College or School Dean / Dean of Instruction | | |
| 5. Office of Registrar—Catalog | | |
| 6. Director of Relevant Library | | |
| 7. FS Graduate Committee (graduate courses) | | |
| 8. FS Undergraduate Committee (undergraduate courses) | | |
| 9. FS Curricula Committee | | |
| 10. Associate Provost for Academic Affairs | | |

After securing departmental approval, send this form and all attachments, ***collated into 4 sets of documents,*** to the Registrar's Catalog Office, which retains the original and returns copies to the department and college office.

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*For Registrar's Office Use ONLY (After approval by Faculty Senate Curricula Committee):*

Entered in Banner _____ Entered in Catalog _____ Copies Mailed _____

Attributes: 1. _____ 2. _____ 3._____ 4 _____

Grade Modes_____