

COURSE ORIGINATION

Office of the Registrar P.O. Box 749 Barrow, AK 99723 Phone: 907.852.1757 or 1763

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Please check one: ☐ Trial Course (Course # end in -94): A new course intended as an experiment, which may or may not become a permanent course. Needs approval by Dean of Academic Affairs ONLY. Special Topic (Course # end in -93): A course that is developed when a topic is particularly timely or when visiting specialists are in Barrow long enough for us to make their expertise available to our students (as an example). Need approval by Dean of Academic Affairs ONLY. New Course: Need approval by Academic Council. It will receive a permanent course number from the Registrar. Semester: Phone: Prepared by: Dept.: COURSE INDENTIFICATION: 1. Number No. Of credits: Dept. 2. COURSE TITLE: 3. FREQUENCY OF OFFERING (Term): 4. HOURS OF INVOLVEMENT: "Independent" denotes work done outside scheduled classroom hours, or as an online component Lecture Lab Independent NUMBER OF STUDENTS EXPECTED: MAXIMUM STUDENTS ALLOWED: 5. THIS COURSE WILL FULFILL A REQUIREMENT FOR ASSOCIATE DEGREE? 6. ☐ YES (Elective) NO ☐ YES (Core) 7. COURSE CLASSIFICATION (If Applicable): ☐ h-Humanities n-Natural Science ☐ s-Social Sciences 8. BRIEF COURSE DESCRIPTION (50 words or less, if possible): 9. □ Letter Grade GRADING SYSTEM: Pass/Fail 10. YES, please enter information below PREREQUISITES: NO 11. SPECIAL RESTRICTIONS, CONDITIONS, or FEES: 12. CROSS LISTED: YES, Department and Number: NO ___ 13. PREVIOUS HISTORY: ESTIMATED IMPACT OF ACTION ON BUDGET, FACILITIES/SPACE, FACULTY, RESOURCES. 14. HAVE YOU REVIEWED WITH THE LIBRARY COLLECTION DEVELOPMENT OFFICER ANY LIBRARY/MEDIA COLLECTIONS, 15. EQUIPMENT, AND /OR SERVICES AFFECTED BY THIS PROPOSED ACTION?

	WHAT PROGRAMS/DEPARTMENTS WILL BE IMPACTED BY THIS PROPOSED ACTION?			
JUSTIFICATION FOR ACTION REQUESTED				
	HAVE YOU CHECKED WITH ELDERS, A COMM			WAYS OF KNOWING AN
	LEARNING THAT MAY BE INCORPORATED IN	TO YOUR COURSE COI	NTENT?	
	WHAT INFORMATION IN THE COURSE D #XX LEVEL COURSE?	ESCRIPTION AND SY	LLABUS WARRANTS	THIS COURSE BEING
	#XX LEVEL COOKSE:			
		Date		
	Faculty/Coordinator Proposing Course	Date		
		Date		
	Library Director			
		Date	☐ Approved	☐ Denied
	Division Chair			
	Academic Council	Date	☐ Approved	☐ Denied
	Academic Council			
	Dean of Academic Affairs	Date		☐ Denied
	Dean of Academic Affairs			
	** NOTE: A COURSE	CVI I ADI IC MALICT DE CLIE	DANITTED WITH THIS DE	OLIECT**
	"" NOTE: A COURSE	SYLLABUS MUST BE SU	DIVILLIED WILL IUIS KE	QUEST ""
		Date		ion#

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