

COURSE TRANSMITTAL FORM
KEAN UNIVERSITY: THE UNIVERSITY SENATE

Disciplinary and Multidisciplinary Courses

(Do not use this form for General Education or Distance Education courses)

Must be Submitted to the Senate Office in Both Electronic and Paper Format as Required

Contact Person:
School/Department/Program:

Phone:
e-mail:

This is the Original Course Proposal **This is a Revision** **Rev No.**

School/Department/Program Abbreviation: Course No.

Credits:

Full Title of Course:

Previous Title (if appropriate):

Course Capacity:

Course Prerequisites:

Abbreviated Title (30 characters or less)

Proposed Date of implementation (semester year)

Grade Type:

Reg.

P/F

CG/NC (Grad)

Does this course replace another course? YES NO

If YES, which course _____

Effective term _____

Is this course equivalent to any other course(s) YES NO If YES, which course(s) _____



Semester Credit Hours for this course were reviewed by the College Curriculum Committee

PROPOSED ACTION

- Approval of New Course*
- Add Service Learning Module
- Deletion of Course*
- Other (specify)

- Revision of Existing Course
- Type I
- Type II
- Course Title Change
- Course Number Change
- Catalog Description Change
- Other

*(If change affects a program, the program(s) must be submitted to the UCC)

ACTION AND SIGNATURES

Affected School/Department/Program Signatures on p.2 (Requires Chairs signatures only) Yes No

School/Departmental/Program Action (complete p. 2 if approval by more than one School/Department/Program is required)

School/Department/Program:

School/Department/Program Approval Yes No

Vote (Yes/No/Abstain/Absent): _____

School/Dept./Program Curriculum Chair (signature) _____ Approval Date _____

School/Dept./Program Chairperson, Program Coordinator, or Executive Director

(print name) _____ (signature) _____

Date _____

**COURSE TRANSMITTAL FORM – PAGE 2
KEAN UNIVERSITY: THE UNIVERSITY SENATE**

College Curriculum Committee Action (use p. 3 if it requires approval by more than one College)

College Curriculum Committee Where Course Proposal Needs Approval

HSS SVPA BPM NWGC COE NAHS ARCH/DSN NJCSTM

College Curriculum Committee Chairperson _____ Date _____

_____ Approved _____ Returned for Revision _____ Rejected

Deans Action (complete p. 3 if receipt by more than one dean is required)

College Dean's Receipt (signature) _____ Date _____

Complete and approved course document received by Senate Office _____ Date _____

To be completed and attached only if the approval process involves or affects more than one School/Department/Program and/or college

School/Departmental/Program Action (continued from page one)

School/Department/Program: _____ School/Department/Program Approval Yes No

Vote (Yes/No/Abstain/Absent): _____

School/Dept./Program/ Curriculum Chair (signature _____ Approval Date _____

School/Dept./Program Chairperson, Program Coordinator, or Executive Director

(print name) _____ (signature) _____ Date _____

School/Department/Program: _____ School/Department/Program Approval Yes No

Vote (Yes/No/Abstain/Absent): _____

School/Dept./Program Curriculum Chair (signature _____ Approval Date _____

School/Dept./Program Chairperson, Program Coordinator, or Executive Director

(print name) _____ (signature) _____ Date _____

School/Department/Program: _____ School/Department/Program Approval Yes No

Vote (Yes/No/Abstain/Absent): _____

School/Dept./Program Curriculum Chair (signature)_____Approval Date _____

School/Dept./Program Chairperson, Program Coordinator, or Executive Director

(print name)_____ (signature)_____Date _____

COURSE TRANSMITTAL FORM – PAGE 3
KEAN UNIVERSITY: THE UNIVERSITY SENATE

College Curriculum Committee Action (continued from page one)

2nd College Curriculum Committee Where Course Proposal Needs Approval

HSS SVPA BPM NWGC COE NAHS ARCH/DSN NJCSTM

College Curriculum Committee Chairperson_____Date_____ ___Approved

___Returned for Revision ___Rejected

3rd College Curriculum Committee Where Course Proposal Needs Approval

HSS SVPA BPM NWGC COE NAHS ARCH/DSN NJCSTM

College Curriculum Committee Chairperson_____Date_____ ___Approved

___Returned for Revision ___Rejected

4th College Curriculum Committee Where Course Proposal Needs Approval

HSS SVPA BPM NWGC COE NAHS ARCH/DSN NJCSTM

College Curriculum Committee Chairperson_____Date_____ ___Approved

___Returned for Revision ___Rejected

Dean's Action (continued from page two)

2nd College Dean's Receipt (signature)_____Date _____

3rd College Dean's Receipt (signature)_____Date_____

4th College Dean's Receipt (signature)_____Date _____

If more than one Dean's signature is required, these signatures must be obtained before submission to the University Senate Office for final distribution