

SPRING 2021

**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 Electronic Format as Required*

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Department / Program: \_\_\_\_\_

This is the original Course proposal       This is a revision      Revision No. \_\_\_\_\_

School Department / Program Abbreviation: \_\_\_\_\_ Course No. \_\_\_\_\_ Credits: \_\_\_\_\_

Full Title of Course: \_\_\_\_\_

Previous Title (if appropriate): \_\_\_\_\_  N/A

Course Capacity: \_\_\_\_\_

Course Prerequisites: \_\_\_\_\_ Course Co-Requisite \_\_\_\_\_

Abbreviated Title (30 characters or less): \_\_\_\_\_

Proposed Date of Implementation: \_\_\_\_\_

Grade Type:       Regular       Pass / Fail       CG / NC (Grad)

Does this course replace another courses?     Yes       No

If yes, which course: \_\_\_\_\_ Effective Term: \_\_\_\_\_

Is this course equivalent to any other course(s)     Yes     No    If yes, which course: \_\_\_\_\_

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

**PROPOSED ACTION**

- |  |   |
|--|---|
| <input type="checkbox"/> Approval of New Course      | <input type="checkbox"/> Revision of Existing Course      |
| <input type="checkbox"/> Add Service Learning Module | <input type="checkbox"/> Type I                           |
| <input type="checkbox"/> Deletion of Course*         | <input type="checkbox"/> Type II                          |
| <input type="checkbox"/> Other (specify)*            | <input type="checkbox"/> Course Title Change              |
|  | <input type="checkbox"/> Course Number Change             |
|  | <input type="checkbox"/> Catalog Description Change Other |
- \*\_Click or tap here to enter text.

***\*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 Signature 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 Total: \_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ Absent

School / Department / Program Curriculum Chair \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson, Program Coordinator or Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COURSE TRANSMITTAL FORM – Page 2  
KEAN UNIVERSITY: THE UNIVERSITY SENATE  
***Disciplinary and Multidisciplinary Courses***

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

College Curriculum Committee where course proposal needs approval:

- CLA    SVPA    BPM    NWGC    COE    NAHS    MGC    NJCSTM

College Curriculum Committee Chairperson: [Click or tap here to enter text.](#) Date: [Click or tap to enter a date.](#)

- Approved                       Return for revision                       Rejected

**Dean’s Action (*complete p. 3 if receipt by more than one Dean is required*)**

College Dean’s Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Completed 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 Total: \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ Absent

School / Department / Program Curriculum Chair \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson, Program Coordinator or Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School / Department / Program: \_\_\_\_\_

School / Department Program Approval       Yes    No

Vote Total: \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ Absent

School / Department / Program Curriculum Chair \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson, Program Coordinator or Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School / Department / Program: \_\_\_\_\_

School / Department Program Approval       Yes    No

Vote Total: \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ Absent

School / Department / Program Curriculum Chair \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson, Program Coordinator or Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE TRANSMITTAL FORM – Page 3**  
**KEAN UNIVERSITY: THE UNIVERSITY SENATE**  
*College Curriculum Committee Action (continued from p. 1)*

**Second (2<sup>nd</sup>) College Curriculum Committee where course proposal needs approval**

CLA    SVPA    BPM    NWGC    COE    NAHS    MGC    NJCSTM

College Curriculum Committee Chairperson: Click or tap here to enter text. Date: Click or tap to enter a date.

Approved                       Return for revision                       Rejected

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**Third (3<sup>rd</sup>) College Curriculum Committee where course proposal needs approval**

CLA    SVPA    BPM    NWGC    COE    NAHS    MGC    NJCSTM

College Curriculum Committee Chairperson: Click or tap here to enter text. Date: Click or tap to enter a date.

Approved                       Return for revision                       Rejected

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**Fourth (4<sup>th</sup>) College Curriculum Committee where course proposal needs approval**

CLA    SVPA    BPM    NWGC    COE    NAHS    MGC    NJCSTM

College Curriculum Committee Chairperson: Click or tap here to enter text. Date: Click or tap to enter a date.

Approved                       Return for revision                       Rejected

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***Dean’s Action (continued from p. 2)***

2<sup>nd</sup> College Dean’s Receipt (signature) \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> College Dean’s Receipt (signature) \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> 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***