

New Course Checklist

Initial Approval Date: _____

Name of Course: _____

1. Course Prefix and Course Number (<i>See Registrar</i>)	
2. Course Description	
3. Program Outcomes	
4. Number of Credits	
5. Consultation with Department Chair	

Appropriate Supervisor Signature (Dean of Academics or CTE Director)

_____ **Date:** _____

Department Chair:

_____ **Date:** _____