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| COURSE PROPOSAL / INVENTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduate School / Colorado School of Public Health / Registrar’s Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Check One**: | | | New Course | | | | | | |  | | | | | | **Course Change/Revision** | | | | | | | | | | | | | | | | |  | | | | **Section Number** | | | | | | | |  | | | | |
| School: | | **\_\_\_GRAD \_\_\_CSPH** | | | | | | | | | Course Prefix: | | | | | | | | | | | |  | | | | | | | | Course Number: | | | | | | | |  | | | Credit Hrs: | | | |  | | | |
|  | | | | | | | | | | | | (e.g., BIOI, BIOS, CBHS, EHOH, EPID, HSMP, PRMD, PUBH) ( If variable, indicate 1-3, 1-8, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Repeatable for Credit: | | | | | | | |  | | | | | | within term | | | | | | |  | | | | | | | | w/i degree program, but not w/i term Max Repeat Hrs: | | | | | | | | | | | | | | | | | |  | |
| Course Title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Term and Year Offered: | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | Previous Dept. and Course Number: | | | | | | | | | | | | | |  | | | | | |
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| **Course Level:** | | | | | \_\_\_\_\_ Master’s \_\_\_\_\_ Doctoral | | | | | | | | | | | | | | | | | | |  | | | | | | **Grading :** | | | | \_\_\_\_\_\_Letter Grade \_\_\_\_\_Pass/Fail \_\_\_\_\_No Grade) | | | | | | | | | | | | | | | |
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| **Term(s) Offered (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Number Of Weeks: \_\_\_\_\_ Contact Hours Per Week:** \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
|  | Summer Semester | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | | | | Lecture | | | | | | | |  | | | Recitation/Discussion | | | | | | |
|  | Fall Semester | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | | | | Laboratory | | | | | | | |  | | | Practicum | | | | | | |
|  | Spring Semester | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | | | | Independent Study | | | | | | | |  | | | Workshop | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | | | | Clinical | | | | | | | |  | | | Internship | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | Dissertation/Thesis | | | | | | | |  | | | Seminar | | | | | | |
| **Course Location (Campus): \_\_\_\_\_ UCD \_\_\_\_\_ UNC \_\_\_\_\_ CSU**  **Is there a course web component?** Yes ( \_\_\_\_\_ 100% or \_\_\_\_\_ Partial) No \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Crosslisted Course (Dept. & Course Number):** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Minimum Enrollment: \_\_\_\_\_\_\_\_\_\_ Maximum Enrollment: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Prerequisites (Dept.** **& Course Number):** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Corequisites (Dept. & Course Number):** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Course restrictions:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Primary Instructor:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Program Contact:** | | | | | | |  | | | | | | | | | | | | | |
| **HR Employee ID:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | |
| **Other Instructors:** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | **Telephone #:** | | | | | |  | | | | | | | | | | | | | | |
| **HR Employee ID:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Campus Box:** | | | | | |  | | | | | | | | | | | | | | |
| **Other Instructors:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **E-Mail:** | | | | | |  | | | | | | | | | | | | | | |
| **HR Employee ID:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | |
| **Course description for Course Book (*please limit to 40 words*):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **================================================================================** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approved by Program Director** | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Date: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Approved by Curriculum Committee** | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | Date: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Approved by GS Dean** | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Approved by CSPH Dean** | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

# Additional information need for course proposal:

1. List the objectives of the course.

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2. Why should this course be offered and how does it fit into the curriculum of your program?

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3. Provide a topical outline of the course contents. (If this is a change / revision to an existing course, specify the nature of the change or reorganization.)

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4. Provide a list of required readings and bibliography associated with the course content.

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5. Specify the kinds of work required of the students in this course, including the methods you intend to use to evaluate student performance.

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6. What changes (if any) will be made by your program to facilitate the offering of this course (e.g., deletion of a previous course, additional faculty, etc.)?

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| 7. Does this course overlap or duplicate any other graduate course at UCD? | Yes |  | No |  |

If it does, please indicate the reasons why the overlap or duplication is justified.

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8. Will this course require any special resources (classroom, laboratory, library holdings, electronic

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| transmission, etc.)? | Yes |  | No |  |  | If so, please explain. |

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**Return this proposal to the “School indicated on p1”**

**If you have questions, call “School indicated on p1”**