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| COURSE PROPOSAL / INVENTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduate School / Registrar’s Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Check One**: | | | | | | New Course | | | | | | | | | | | | |  | | **Course Change/Revision** | | | | | | | | | | | | | | | | | |  | | **Section Number** | | | | | | | | | |  | | | | | | |
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| School: | | | | GRAD | | | | | Program Prefix: | | | | | | | | | | | | | |  | | | | | | | | | | | | Course Number: | | | | | | | | |  | | | | | Credit Hrs: | | | | |  | | | |
| (i.e., Dent, Grad, Med, Nurs, Pharm) | | | | | | | | | | | | | | | | If variable, indicate 1-3, 1-10, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Repeatable for Credit: | | | | | | | | | | | | | |  | | | within term | | | | | | | |  | | | | | w/i degree program, but not w/i term Max Rpt Hrs | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Course Title: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Term and Year Offered: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | Previous Dept. and Course Number: | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Course Level:** | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | **Special Grading:** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **(i.e., BS, MS, PhD, MD, PhrmD, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **(i.e., Letter Grade, Pass/Fail, No Grade)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TERM(S) OFFERED (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **CONTACT HOURS PER WEEK** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Summer Semester | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | Lecture | | | | | | | | | |  | | Recitation/Discussion | | | | | | | | | |
|  | Fall Semester | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | Laboratory | | | | | | | | | |  | | Practicum | | | | | | | | | |
|  | Spring Semester | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | Independent Study | | | | | | | | | |  | | Workshop | | | | | | | | | |
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| Is there a web component to this course? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | Dissertation/Thesis | | | | | | | | | |  | | Seminar | | | | | | | | | |
| Yes | | ( |  | | 100% or | | | | |  | | | | | Partial) No | | | | | | |  | |  | | | | | | | | | | | | |  | **NUMBER OF WEEKS** | | | | | | | | | | | |  | |  | | | | |
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| **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:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | **Dept. Representative:** | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **PeopleSoft #:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Other Instructors:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | **Telephone Ext.:** | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **PeopleSoft #:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Campus Box:** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Other Instructors:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **PeopleSoft #:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Course description for Course Book (*please limit to 40 words*):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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# 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 UCDenver? | 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 Graduate School Campus Mail Stop C296**

**If you have questions, please call Milinda Walker 303 724-2911, Graduate School**

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| **================================================================================** | | | | | | |
| **Approved by Program Director** | |  | | Date: |  |
|  | | | | | |
| **Approved by Curriculum Committee** | | |  | Date: |  |
|  | | | | | |
| **Approved by Dean** |  | | | **Date:** |  |