**REQUEST TO THE REGISTRAR FOR NEW COURSE NUMBER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Request:** | | |  | | | | | |
| **Request Number:** | | | |  | | | | |
| **Course Title:** |  | | | | | | | |
| **Course Abbreviation:** | | | | |  | | | |
| **(must be 20 characters or less including spaces)** | | | | | | | | |
| **Activity Type:** | |  | | | | | | |
| **(see Definition of Terms)** | | | | | | | | |
| **Number of credit hours:** | | | | | |  | | |
| **Course Level (Check all that apply): Undergraduate Graduate Professional** | | | | | | | | |
| **Semester course will first be offered:** | | | | | | |  | |
| **If the course will be cross-listed with another course.** | | | | | | | | |
| **Cross-listed course(s) name and number:** | | | | | | | |  |

**NOTE:** A copy of this approved form must accompany the materials sent to the University Curriculum Committee as part of the information submitted for the approval of a new course offering.

**OFFICE OF THE REGISTRAR USE ONLY**

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| --- | --- | --- | --- | --- |
| **Request Approved:** | | Yes | | |
|  | | No: **(state reason)** | |  |
|  | | | | |
| **NEW COURSE NUMBER ASSIGNED:** | | |  | |
| **DATE:** |  | | | |

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| Shelley Johnston, Associate Registrar eULM |