Course Approval Form

Action Requested: (definitions available at website above)
- Create NEW
- Inactivate
- Modify (check at that apply below)

☐ Title (must be 70% similar to original)
☐ Credits
☐ Repeat Status
☐ Schedule Type
☐ Pre-requisites/Co-requisites
☐ Grade Mode
☐ Other:

College/School: __________________________
Submitted by: ____________________________

Subject Code: MSEC
Number: 520
(Do not list multiple codes or numbers. Each course proposal must have a separate form.)

Effective Term: 
☐ Fall
☐ Spring
☐ Year 2016
☐ Summer

Title: Current Networking Principles
Banner (20 characters max w/ spaces) Networking Principles
New

Credits: (check one)
- Fixed ☒
- Variable ☐
- Lec + Lab/Rec ☐

Repeat Status: (check one)
- Not Repeatable (NR)
- Repeatable within degree (RD)
- Repeatable within term (RT)

Grade Mode: 
- Regular (A, B, C, etc.)
- Satisfactory/No Credit
- Special (A, B, C, etc., ±IP)

Schedule Type: (check one)
- Lecture (LEC)
- Lab (LAB)
- Recitation (RCT)
- Internship (INT)
- Independent Study (IND)
- Seminar (SEM)
- Studio (STU)

Prerequisite(s): (NOTE: hard-coding requires separate Prerequisites Checking form; see above website)

Corequisite(s):

Restrictions Enforced by System: Major, College, Degree, Program, etc. Include Code(s):

Equivalencies (check only if applicable):
- YES, course is 100% equivalent to
- YES, course renumbered to or replaces

Catalog Copy (Consult University Catalog for models)

Description (No more than 60 words, use verb phrases and present tense)

Notes (List additional information for the course)

Indicate number of contact hours:

When Offered: (check all that apply)
- Fall ☐
- Summer ☐
- Spring ☐

Hours of Lecture or Seminar per week:

Hours of Lab or Studio:

Approval Signatures

Department Approval Date: ________________

College/School Approval Date: ________________

If this course includes subject matter currently dealt with by any other units, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name: School of Business (Ed)
Unit Approval Name: Kevin Rockmann
Unit Approver’s Signature: ____________________________
Date: ________________

For Graduate Courses Only

Graduate Council Member: ____________________________
Provost’s Office: ____________________________
Graduate Council Approval Date: ________________