

North Georgia College & State University  
Course & Program Review Form

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Course: \_\_\_\_\_  
                    Abbreviation                      Number                      Title

Credit Hours: \_\_\_\_\_  
                                    Lecture                      Fieldwork/Lab                      Total Credit Hours

Type of Action (Check ONE):

Course:            \_\_\_\_\_ Addition            \_\_\_\_\_ Revision            \_\_\_\_\_ Deletion

Program:        \_\_\_\_\_ Addition        \_\_\_\_\_ Revision        \_\_\_\_\_ Deletion

Other Change in Department Requirements: \_\_\_\_\_

**If course, check categories affected:**            \_\_\_\_\_ Core Requirements            \_\_\_\_\_ Core Electives

\_\_\_\_\_ Major Requirements            \_\_\_\_\_ Electives            \_\_\_\_\_ Other (Specify)

**Term Effective:** Year \_\_\_\_\_ Summer or Fall (**Circle ONE**)

**Catalogue Description:** (For courses, include Co- and Prerequisites; for programs, provide Plan of Study.)

**Rationale for Addition, Deletion or Revision:** Attach to this form

What is the cost and source of funds for this proposal?

This proposal has been reviewed by the library director concerning the adequacy of library materials available for the proposed course. The library director has estimated the cost of acquiring the necessary materials as:

\$ \_\_\_\_\_ **start-up** and \$ \_\_\_\_\_ **on-going**.

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Department Head (REQUIRED)

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Dean (REQUIRED)

\_\_\_\_\_                      \_\_\_\_\_ Positive                      \_\_\_\_\_ Negative                      \_\_\_\_\_ Date  
Prof. Edu Comm. (Recommendation, if applicable)

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Deans' Council (REQUIRED)

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Graduate Council (If Applicable)

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Academic Activities Committee (If Applicable)

\_\_\_\_\_                      \_\_\_\_\_ Approve                      \_\_\_\_\_ Reject                      \_\_\_\_\_ Date  
Academic Vice President (ORIGINAL REQUIRED)

**NOTE: Proposal cannot proceed to the next level without approval of "required" signatures. (Special explanation and syllabus are available on the N drive. Concerns should be addressed to your Department Head and Dean.)**