# Course information

**NEW COURSE NUMBER FOR AN EXISTING COURSE**

Instructor(s) Department/Program

Status of faculty member: Permanent

 Visiting (Indicate term of appointment: to ) Dept. Course Number

Course Title

NEW Course Number:

**Rationale** for change of course number:

# Signatures required for COAA approval. \*PLEASE USE ELECTRONIC SIGNATURE (Email approval or PDF scan of signature)

If the Chair/Coordinator is the instructor, a signature from another senior departmental/program member is required in lieu of the Chair/Coordinator’s signature.

\*Course Instructor Signature Date

\*Dept. Chair/Program Coordinator Signature Date

Print Name of Dept. Chair/Program Coordinator Name of Dept. /Program

1. **Will other departments or programs be cross-listing this course? *If so, written approval is required by the Chair of the Dept. /Program offering the course and Chair of the Dept. /Program to be cross-listed.* BE SURE ALL APPROPRIATE SIGNATURES APPEAR ON THE FORM before submission (emailed** approvals **are acceptable, if sent to Peter Sarratori at** **sarratori@hws.edu,** **at the time of submission). (PLEASE USE ELECTRONIC SIGNATURES**. Email approval or PDF scan of signature)

Name of cross-listed Department/Program Signature of Department/Program Chair, Date

On the first line, list the name of the cross-listed department and provide the signature of the chair. On the extra line, indicate which requirements in the major or minor would be addressed by this course.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Action of the Committee on Academic Affairs

Approved

Did not approve Revise and resubmit

Signature of Chair, COAA Date