

## New Bidisciplinary Course Proposal

Instructions and Procedures

Please thoroughly read these instructions regarding the process for getting new courses approved before filling out the form. Please contact the Registrar’s Office for submission deadlines.

**Guidelines**

* Faculty should consult with departmental or program chairs in the preparation of this proposal AND with the Chair of Bidisciplinary Courses. The signatures of the chair or program coordinators is required.
* Normally, only faculty members in tenure-track or ongoing lines should propose a Bidisciplinary course.
* All proposals must be submitted electronically.
* For the most part, temporary faculty should offer courses that are already in the Catalogue, including both introductory and upper-level courses. A full-year temporary faculty member might offer up to two specialty courses to take advantage of special skills or knowledge areas that the replacement might have, but in general, it is important to maintain the continuity of offerings announced in the Catalogue.
* Proposers should contact the Registrar's Office for guidance regarding a specific course number. In general, 100 level is appropriate for first-years and sophomores, 200 for sophomores and juniors, 300 for juniors and seniors, 400 for advanced work (such as seminars and capstone experiences).
* Course proposals must be submitted using this form and all sections this form must be complete.
* Be sure all appropriate signatures appear on the form before submission (emailed approvalsare acceptable, if sent to registrar@hws.edu at the time of submission).

**The Process**

* After the Registrar has determined that all necessary information and signatures are included and the form is complete, the proposal is presented to CoAA for review.
* CoAA reviews the proposal and approves or rejects the proposal. Rejected proposals will be returned to faculty to address questions and resubmit.
* After the course is approved, CoAA will notify the proposing faculty member and the Registrar’s Office will enter the course into the PeopleSoft Student Information System.

**A. Course Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor One: |  | Department/Program: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Status of faculty Member:  |  | Permanent |  |  |  |  |
|  |  | Temporary - | Term of appointment:  |  | to  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor Two: |  | Department/Program: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Status of faculty Member:  |  | Permanent |  |  |  |  |
|  |  | Temporary - | Term of appointment:  |  | to  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposed Course Level (check one): |  | 100 level |  | 200 level |  | 300 level |  | 400 level |

|  |  |
| --- | --- |
|  Suggested Prefix and Course Number (*optional*):  |  |

|  |  |
| --- | --- |
| New Course Title:  |  |

|  |  |
| --- | --- |
| Short Title (30 characters or less): |  |

Status of course: *(Note that requests for a new course description or number for an existing course, or for updating the goals of a previously approved course, require a different form. All forms can be found at* [*https://www.hws.edu/offices/registrar/forms.aspx*](https://www.hws.edu/offices/registrar/forms.aspx)*.)*

|  |  |
| --- | --- |
|  | a new course to be entered in the catalogue.  |
|  |  (only permanent faculty can propose a permanent course) |
|  | a course offered during the term of appointment. |
|  | a previously approved temporary course to be converted into a permanent course. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Term to be first offered: | Year: |  |  |  | Fall |  | Spring |  | Maymester |  | Summer |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expected frequency: |  | Every Semester |  | Annually |  | Alternate Years |  | Occasionally |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does this course have a laboratory: |  | Yes |  | No |
| Note: If less than 165 contact minutes per week in regular class format, please justify: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Maximum class size: |  |  | Amount of credit: |  | 1 credit |  | 0.5 credit |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grading basis (check one): |  | Graded or Credit/No Credit |  | Credit/No Credit Only |

**Repeatable Course:** Occasionally classes are designed so that they should be repeatable for credit towards the degree. Courses may be designated “repeatable” if they are fundamentally creative and/or experiential in nature, such that student performance is cumulative or held to a progressively higher standard of expectation across successive registrations and/or the content of student experience is substantially different with each offering. Each registration carries full credit and is calculated independently in a student’s GPA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this course meant to be repeatable: |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this course appropriate for First-Year students: |  | Yes |  | No |

**B. Course Design**

**Course Description:** Please create a one-paragraph course description for the course catalog and PeopleSoft. Your answers to the course design questions in Section A above can help with this. At the end of this course description, please include when the course is offered (i.e., “offered annually”, “offered each semester”, “spring semester”) and the name of faculty member teaching the course if known. (150-word limit)

|  |
| --- |
|  |

**Prerequisites:** Does this course have any prerequisites or corequisites? If so, please list.

|  |
| --- |
|  |

**Learning Objectives:** What are the student learning objectives for the course? (Revised as needed, these learning objectives also should appear in the course syllabus and can be used as the basis for the end of term student learning feedback form.)

* Please include both skills/abilities objectives and content objectives.
* Please ensure that objectives are specific, precise, and able to be evaluated.

|  |
| --- |
|  |

**Instructional Methods:** What instructional methods will assist students in addressing these objectives?

|  |
| --- |
|  |

**Assessment:** What assessment and evaluation methods will demonstrate that students have addressed the learning objectives/goals for the course?

|  |
| --- |
|  |

**Course Materials:** Please list potential readings, videos, and other course materials.

|  |
| --- |
|  |

**Credit Hour Policy:** All HWS course syllabi will state how the course meets the total instructional hours specified in the Credit-Hour Policy. When the requirement is not met through the normal Faculty Facilitated Instructional Time required for this class, please provide a statement about the ways in which you might meet the remaining time requirement using Equivalent Academic Activities. Please see the HWS Credit Hour Policy for more details and specific examples: <https://www.hws.edu/offices/registrar/credithour.aspx>

|  |
| --- |
|  |

**C. Curriculum Information**

**Departmental/Program Offerings:** Describe how this course fits in with the existing departmental or program offerings. Why is this particular course a valuable addition to the existing curriculum? What specific requirements in your major or minor does this course address? For example, could this course be applied toward a specific core requirement or toward a specific concentration? This should be answered in consultation with the Department or Program Chair.

|  |
| --- |
|  |

**Departmental/Program Impact:** Please explain how offering this course may impact both your departmental/program curriculum as well as the general curriculum. If this course is offered, what will not be offered, or offered less frequently? How is this reduction justified?

|  |
| --- |
|  |

**Capacity:** If this course must be taught on a regular basis, are there other departmental or program members who can offer it?

|  |
| --- |
|  |

**Similar Courses:** Are there other courses that appear in the College’s Catalogue that would overlap substantially with this course? If so, which ones? If there are others, please justify offering this course.

|  |
| --- |
|  |

**Budget Implications:** If needed support, materials, or technology resources (people support, hardware, software) for this course cannot be funded out of the regular department or program budget, how will they be funded? Please provide documentation that funding has been secured.

|  |
| --- |
|  |

**D. Educational Goals**

**Goals:** Which aspirational goal(s), if any, does this course address, either partially (P) or substantially (S)? CoAA recommends that:

* No course be listed as substantially addressing more than two goals; courses that substantially address one goal may substantially address one more goal or partially address one or two more goals.
* No course be listed as partially addressing more than three goals; courses that partially address multiple goals would not likely address more than three goals.
* In general, at least 2/3 of a course’s content should relate to a goal for substantial satisfaction, and about 1/3-1/2 of content should relate to the goal for partial satisfaction.
* If you believe this course is an exception to these general guidelines, please provide a justification for CoAA to consider. However, exceptions will be rare.

To review the aspirational goals, see: <https://www.hws.edu/offices/oafa/curriculum/goals.aspx>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | P |  | S | The ability to reason quantitatively |
|  | P |  | S | An experiential understanding of scientific inquiry |
|  | P |  | S | A critical and experiential understanding of artistic process |
|  | P |  | S | A critical understanding of social inequalities |
|  | P |  | S | A critical understanding of cultural difference |
|  | P |  | S | An intellectual foundation for ethical judgment as a basis for  |
|  |  |  |  | socially responsible action |

**Justification:** Please provide a short justification for each of these goal designations.

|  |
| --- |
|  |

**Assessment:** How will these goals be assessed in the course? Please note that the course syllabus should reflect both content of the goals covered in the course and any assessment of those goals.

|  |
| --- |
|  |

**E. Additional Course Information**

Please respond with N/A as an answer for any questions which do not apply to this course.

**Library Support:** If the course would require any additional library resources, please describe them here. Note that COAA’s approval of a course does not guarantee the resources any faculty member may need, desire, or request for that course.

|  |
| --- |
|  |

**Technology Support:** If the course would require any additional technology resources, please describe them here. Note that COAA’s approval of a course does not guarantee the resources any faculty member may need, desire, or request for that course.

|  |
| --- |
|  |

**Outside of Class Activities:** Will there be any outside of class activities that students will be required to attend? If yes, explain the nature and frequency of these requirements, and what alternatives will be provided to students who cannot attend.

|  |
| --- |
|  |

**Extra Credit Activities:** Are there any recommended or extra-credit activities anticipated for this course? If yes, explain the frequency and whether or not students will be penalized for not participating.

|  |
| --- |
|  |

**Service Learning:** If this course has a service-learning or civic engagement component, please describe what evidence will demonstrate that this service is a learning experience for the students.

|  |
| --- |
|  |

**F. Required Signatures**

Signatures should be received electronically. Signed documents can be scanned and emailed, or separate email with explicit approval is acceptable.

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 (1) |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Chair/Program Coordinator Signature\* (1) |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name of Department Chair/Program Coordinator (1) |  | Name of Department/Program |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Course Instructor Signature (2) |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Chair/Program Coordinator Signature\* (2) |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name of Department Chair/Program Coordinator (2) |  | Name of Department/Program |

*\* The Dept. Chair’s or Program Coordinator’s signature indicates that the proposing faculty and chair/coordinator have discussed the resources necessary to teach the course, and the chair/coordinator is affirming that any required resources for the course will be covered by departmental/program budgets. If further resources are needed, see Part D.6 above.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Bidisciplinary Chair |  | Date |

**Cross-listed Course**s

If other departments or programs will be cross-listing the course, written approval is required by the Chair/Coordinator of that Department/Program. Please be sure to include all appropriate signatures.

|  |  |
| --- | --- |
| 1. Name of cross-listed Department/Program: |  |
| 1. Signature of Chair/Coordinator: |  |
| 1. Indicate which requirements in the major or minor would be addressed by this course: |
|  |

|  |  |
| --- | --- |
| 2. Name of cross-listed Department/Program: |  |
| 2. Signature of Chair/Coordinator: |  |
| 2. Indicate which requirements in the major or minor would be addressed by this course: |
|  |

|  |  |
| --- | --- |
| 3. Name of cross-listed Department/Program: |  |
| 3. Signature of Chair/Coordinator: |  |
| 3. Indicate which requirements in the major or minor would be addressed by this course: |
|  |

|  |  |
| --- | --- |
| 4. Name of cross-listed Department/Program: |  |
| 4. Signature of Chair/Coordinator: |  |
| 4. Indicate which requirements in the major or minor would be addressed by this course: |
|  |

**G. Action of the Committee on Academic Affairs**

|  |  |
| --- | --- |
| Approved:  |  |
| Did Not Approve: |  |
| Revise and Resubmit: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Chair, CoAA |  | Date |