

NEW COURSE NUMBER FOR AN EXISTING COURSE

A. Course information

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:

B. 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

C. 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. _____

D. Action of the Committee on Academic Affairs

Approved

Did not approve

Revise and resubmit

Signature of Chair, COAA

Date