

CRCO

N/A

Dept \_\_\_\_\_ Course # **F335** No of Credits \_\_\_\_\_

Change Course  If Change indicate below what is changing.  Drop Course

Prerequisites will be required before a student is allowed to enroll in the course.

00/600 include syllabi  Dept \_\_\_\_\_ Course # \_\_\_\_\_

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OTE Course ours may not be compressed into fewer than three days per credit. Any rse compressed into fewer than six weeks must be approved by t e college or school s curri ulum cou cil the appropriate Faculty Senate curriculum commi tee Furthermore

COURSE FORMAT (check \_\_\_ that apply)  1  2  3  4  5  6 weeks to full semester

OTHER FORMAT (specify all that apply)  
Mode of delivery (specify lecture field trips labs etc.)



8. GRADING SYSTEM: Specify only one.  
LETTER: PASS/FAIL:

9. ESTIMATED IMPACT

Have you contacted the library collection development officer (kljensen@alaska.edu, 474-6695) with regard to the adequacy of library media collections, equipment and services available for the proposed course? If so give date of contact and resolution. If not explain why not.  
No Yes

What programs/departments will be affected by this program?  
Include information on the Programs/Departments contacted (e.g. name)

Does this program have any negative impacts on other courses?  
If so specify the impacts on other courses.  
Programs/departments resulting from the proposed action

APPROVAL (Additional signature blocks may be added as necessary.)

 \_\_\_\_\_  
Nat

Date

Date

Date

Date

Date

Signature Chair  
Program/Department of

Signature Chair College/School  
Curriculum Council for

ATTACH COMPLETE SYLLABUS (as part of this application).

[uaf.edu/uaf of facult -senate curriculum/course-de ree- rocedures- uaf-s llabus-re uirements](http://uaf.edu/uaf%20of%20facult%20-senate%20curriculum/course-de%20ree-roc%20cedures-uaf-s%20llabus-re%20uirements)

**SYLLABUS CHECKLIST FOR ALL UAF COURSES**

1. Course

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9. Course policies:

10. Evaluation:

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11. Support Services:

Describe the student appropriate for the cour .

12. Disabilities Services:

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Signature of [Redacted]

10/7/16

Signature of [Redacted], Department of [Redacted]

Signature of [Redacted], College Faculty  
or Student Council for [Redacted]

10/7/16

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Signature of [Redacted], Dean, College / School  
of [Redacted]

etc.

10/10/16

Offerings above the level of approved programs must be approved in advance by the  
Provost:

Signature of Provost

Date

[Redacted Signature Line]

**ADDITIONAL SIGNATURES:** (As needed for cross-listing and/or stacking add more blocks as necessary.)

Signature of [Redacted],  
Program Department

[Redacted Signature Line]

[Redacted Signature Line]

Signature of [Redacted],  
[Redacted]  
[Redacted]