### CAS/GRS Curriculum Request Cover Sheet

DEPARTMENT OR PROGRAM: DATE SUBMITTED:

COURSE NUMBER OR TITLE OF DEGREE PROGRAM BEING PROPOSED OR MODIFIED:

**Will this course/minor/program create a need for:**

**Yes  /  No**

|  |  |
| --- | --- |
|  | **Space/Renovations (office or classroom)?** |
|  | **Additional staffing (new course offerings or hiring of instructional or administrative staff)?** |
|  | **Additional budgetary needs (for equipment, supplies, etc.)?** |

There are additional fields in the in the following proposal form that require further information regarding facilities & equipment, staffing, and budget & cost. Please be sure to use that space to provide a comprehensive explanation of the budgetary implications of your proposal.

### CAS/GRS Course Revision Proposal Form

*To be used only for proposing a revision of a CAS course* ***without BU Hub credit*** *as well as for* ***all*** *GRS courses.*

This completed form and all required documents should be submitted as PDF files to either Sr. Academic Administrator Peter Law [pgl@bu.edu](mailto:pgl@bu.edu) (for CAS and CAS/GRS “piggyback” courses) or to Graduate Services Associate Casey Dziuba [grsgs@bu.edu](mailto:grsgs@bu.edu) (for GRS-only courses). Please contact them for information or assistance, if necessary.

DEPARTMENT OR PROGRAM: DATE SUBMITTED:

CURRENT COURSE NUMBER (include college code—CAS or GRS):

CURRENT COURSE NAME:

CURRENT 40 WORD COURSE DESCRIPTION:

CURRENT CROSS-LISTING DEPARTMENT/PROGRAM, if any:

TO BE OFFERED NEXT: Sem./Year: \_\_\_\_ /\_\_\_\_\_\_

INSTRUCTOR(S):

ITEMS Proposed FOR Revision (check all that apply)**:**

|  |  |  |
| --- | --- | --- |
| **⬜** Course Number  **⬜** Title  **⬜** Short Title | **⬜** Credits  **⬜** Cross-listing  **⬜** 40 Word Description | **⬜** Prerequisites  **⬜** Corequisites  **⬜** Other (Explain) |

PROPOSED REVISIONS: For each item checked above, provide the *current information*, then the *proposed information*, then a *brief explanation for the proposed change, including the intended impact of the change.*

1. [First item checked]
   1. Current information:
   2. Proposed information:
   3. Explanation & impact
2. [Second item checked]
   1. Current information:
   2. Proposed information:
   3. Explanation & impact:

*etc…*

IMPACT ON OTHER DEPARTMENTS/PROGRAMS: Will any of these changes have an impact on students pursuing the degree requirements or expectations of other departments, programs, or schools?

Check one: **⬜** Yes **⬜** No

If YES, please identify impacts and attach cognate comment from the appropriate department/ program/ school.

RESOURCE NEEDS: STAFFING, FACILITIES, AND EQUIPMENT: As a result of the proposed changes, will there be any changes in the staffing, special facilities or equipment needs of the course (e.g. laboratory, library, instructional technology, technical resources, etc)?

*Check one*: **⬜** Yes **⬜** No

If YES, explain further and indicate whether currently available staffing, facilities, and equipment are adequate for the proposed course. (NOTE: Approval of proposed revisions does *not* imply a change in resource commitments on the part of CAS.)

**ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED IN ORDER FOR THIS PROPOSAL TO BE CONSIDERED:**

* A complete week-by-week SYLLABUS with student learning objectives, readings, and assignments that reflects the specifications of the course described in this proposal; that is, appropriate level, credits, etc. (See guidelines on “Writing a Syllabus” on the Center for Teaching & Learning [website](http://www.bu.edu/ceit/teaching-resources/writing-a-syllabus/).) A typical, effective syllabus template is provided [here](http://www.bu.edu/cas/faculty-staff/procedures-forms/academic-planning/) under “Curriculum Review & Modification”.
* Be sure that syllabus includes your expectations for academic honesty, with URL for pertinent [undergraduate](http://www.bu.edu/academics/policies/academic-conduct-code/) or [GRS](http://www.bu.edu/cas/students/graduate/grs-forms-policies-procedures/) academic conduct code(s).
* Cognate comment from chairs or directors of relevant departments and/or programs. Use the form [here](http://www.bu.edu/cas/faculty-staff/procedures-forms/academic-planning/) under “Curriculum Review & Modification.” You can consult with Dean Joseph Bizup (CAS) at [casuap@bu.edu](mailto:casuap@bu.edu) or Dean Emily Barman (GRS) at [eabarman@bu.edu](mailto:eabarman@bu.edu) to determine which departments or programs inside and outside of CAS/GRS would be appropriate.

**Department contact name & position:**

**Department contact email & phone:**

*Signature(s) required:*

**DEPARTMENT APPROVAL:**

Department Chair Date

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Other Department Chair(s) (required for cross-listed courses) Date

*revised 11/01/2018*