## Proposed Course Title:

<table>
<thead>
<tr>
<th>Credit hours:</th>
<th>Grading Scale:</th>
<th>□ Letter Grade</th>
<th>or  □ Pass/Fail</th>
</tr>
</thead>
</table>

### Suggested Course Prefix and Course Number:

(3-letter prefix) (suggested course number)

Please note: Do not include course suffixes such as “W” (online course) or “L” (lab). These course delivery designations are determined afterward upon proposal approval.

☐ New Course       ☐ Replacement Course       ☐ Special Topic       ☐ Revision (substantive changes only)

Course being replaced (if any): Effective Semester and Year:

### Documentation

1. Provide the following information requested below, completed according to Mercy College policy and procedure.

#### Title:

#### Purpose/rationale:

#### Pre-requisites:

#### Catalog course description:

### Distribution of credit hours:

<table>
<thead>
<tr>
<th>Total credit hours:</th>
<th>Lecture credit hours:</th>
<th>Lab credit hours:</th>
</tr>
</thead>
</table>

#### Course objectives: Upon successful completion of this course, the student will be able to:

(Please limit the number of course objectives to 10. Use terms from Bloom’s Taxonomy to describe these objectives. A list of appropriate terms is available on Mercy College’s Assessment web page.)

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- 
-
Descriptive outline of course content:
(Do not indicate whether the course is to be delivered in the classroom or online. This is determined after approval of the proposal. Include discrete learning units rather than specific dates, weeks, or modules.)

<table>
<thead>
<tr>
<th>2. Why is this course being developed?</th>
<th>(to support/enhance current programs of study, new program development, etc.)</th>
</tr>
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</table>

<table>
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<tr>
<th>3. Please supply documentation to support the appropriateness of this course offering.</th>
</tr>
</thead>
</table>

5. List any special resources required to implement this course offering (i.e. labs, equipment, space etc.).

<table>
<thead>
<tr>
<th>Submitted by:</th>
<th>Date:</th>
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</table>

**Recommendation by Curriculum Committee:**

Date: ________________

Comments:

__________________________

Signature, Chair, Curriculum Committee

**Recommendation by Faculty Senate:**

Date: ________________

Comments:

__________________________

Signature, Chair, Faculty Senate

**Administrative Approval:**

__________________________

Signature, Vice President of Academic Affairs

__________________________

Date: ________________
This area is to be filled out by the Curriculum Committee.

Final Disposition: _______________________________    Date: _____________________

Final Course Number: ____________________________

Comments:

Distribution:
- [ ] VPAA
- [ ] Registrar
- [ ] Submitter of Proposal
- [ ] Program Chair/Associate Dean
- [ ] Academic Advisers
- [ ] Admissions

Revised 12/2013