

Request for Graduate Course Approval or Revision

Add new course: complete all sections noted with an asterisk * (and other sections as applicable)

Revise an existing course: provide the course number, title, effective date, and revised information

Add a topic: provide the course number, title, effective date, and new course topic only

Activate/Inactivate a course: provide the course number, title, effective date, and any revised information if necessary.

All completed requests must be emailed to gradcoursecatalog@stonybrook.edu with GPD copied.

Department / Course Number:

Dept Alpha

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Course #

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Spring Deadlines

10/1 –Revisions 11/1 – Topics & New Courses

Summer/Fall Deadlines

3/1 - Revisions 4/1– Topics & New Courses

Add New Course Course Revision Activate Course Inactivate Course Add Topic

*Effective Date: Fall = 8/20/20__ Spring = 01/01/20__ Summer = 05/20/20__

*Complete Course Title (appears in Graduate Bulletin; max. 50 characters including spaces):

*Abbreviated Course Title (appears on Schedule, Transcript, etc.; max. 30 characters including spaces):

*Credit Hours: (Min.) __ (Max.) __

*Grading: ABCF S/U

*Repeat for Credit: Yes No Limited (please specify) _____ Multiple enrollments in term

*Consent: None Departmental Consent Instructor Consent

Approved Topic (max. 30 spaces). Please number each topic being added: _____

Prerequisite or Co-requisite (*Enforced requisites only*) _____

Req. Group# (GS use only)

*Components: Laboratory Lecture Recitation Seminar Supervision Tutorial

*Primary/Graded Component (For Multiple Component Courses Only): _____

*Final Exam: Yes No Last Class Enrollment Limit: _____

*On a separate attachment please submit:

1. Course Description (with wording as it will appear in Graduate Bulletin). Please also send electronic descriptions separately via email to gradcoursecatalog@stonybrook.edu
2. Explanation if this course will require new resources outside those already in or to be generated by the department.
3. The reason for course addition and into which graduate program(s) it will fit.

Contact Name: _____ Phone: _____
Graduate Program Director: _____ Date: _____

Required for new courses only: *New course requests must be submitted in hard copy to Graduate School with signatures*

Department or Program Chair Approval: _____ Date: _____
Divisional Dean Approval: _____ Date: _____

Graduate School use only:

GS Dean Approval: _____ Date: _____
Processed By: _____ Request # _____ Date: _____