

**NEW COURSE POLICY**

- Courses must be approved through their designated committee chair (if applicable) and Dean's Office.
- **An electronic copy of the course description & Curriculum role (i.e. Core, Major, Gen. Elective) must be attached to this form.**
- Once the form is completed and all signatures are obtained, please email to the Registrar's Office: [Registrar@une.edu](mailto:Registrar@une.edu) (207) 602-2473.

**PROGRAM INFORMATION**
**COLLEGE:**  CAS  WCHP  COB  CPS  CDM  COM **DEPARTMENT:** \_\_\_\_\_

**LEVEL OF STUDY:**  UG  GR  PR **DEGREE PROGRAM ATTRIBUTE** (Ex. Advanced Study): \_\_\_\_\_

**COURSE INFORMATION**
**FIRST SEMESTER OFFERED:**  Summer  Fall  Spring of 20\_\_\_\_\_

**COURSE FREQUENCY** (Ex. Every Spring, Every other Fall): \_\_\_\_\_ **COURSE FEE** (If Applicable): \_\_\_\_\_

**SUBJECT** (Ex. English, Psychology): \_\_\_\_\_ **COURSE LEVEL** (EX. 100, 200): \_\_\_\_\_

**COURSE TITLE** (30 Character Limit including spaces): \_\_\_\_\_

**CREDIT AMOUNT:** \_\_\_\_\_ **GRADE MODE** (Ex. Standard, Pass/Fail): \_\_\_\_\_

**SCHEDULE TYPE** (Please note the only schedule types assigned during room scheduling are: Lecture, Lab, Lecture/lab, Hybrid, Seminar, and Studio):

 Clinical/Rotation  Field Work  Hybrid  Internship/Practicum  Lecture  Lab  Lecture/Lab

 Off Campus  Online  Studio  Seminar  Travel

**IS THIS COURSE REPEATABLE?**  YES  NO If "YES" please indicate repeat limit: \_\_\_\_\_

**COURSE RESTRICTIONS** (If Applicable)

**FIELD OF STUDY** (Majors & Minors):  Include  Exclude \_\_\_\_\_

**CLASS** (Ex. Freshman, Sophomores):  Include  Exclude \_\_\_\_\_

**PRE-REQUISITES** (Include Minimum Grade): \_\_\_\_\_

**CO-REQUISITES** (Include Minimum Grade): \_\_\_\_\_

**REQUIRED SIGNATURES**
**Department/Academic Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Curriculum Committee Chair Signature (If Applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_