

PILOT COURSE POLICY

- A **Pilot** course is a course that has never been offered before. A Pilot course can run no more than **two** times before getting approval by committee. Any Pilot courses that are not approved after two offerings will become inactive.
- 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 (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 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):

- | | | | | | | |
|--|-------------------------------------|---------------------------------|---|----------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> Clinical/Rotation | <input type="checkbox"/> Field Work | <input type="checkbox"/> Hybrid | <input type="checkbox"/> Internship/Practicum | <input type="checkbox"/> Lecture | <input type="checkbox"/> Lab | <input type="checkbox"/> Lecture/Lab |
| <input type="checkbox"/> Off Campus | <input type="checkbox"/> Online | <input type="checkbox"/> Studio | <input type="checkbox"/> Seminar | <input type="checkbox"/> Travel | | |

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 Chair/Academic Director Signature: _____ **Date:** _____

Dean's Signature: _____ **Date:** _____

 Email completed forms [to Registrar@une.edu](mailto:Registrar@une.edu) or Fax to (207) 602-5927