A. Course information

## NEW COURSE PROPOSAL FOR CHANGES TO GOALS INFORMATION

BE SURE ALL APPROPRIATE SIGNATURES APPEAR ON THE FORM PRIOR TO SUBMISSION. PLEASE USE ELECTRONIC SIGNATURES (Email approval or PDF scan of signature.)

Instructor(s)	Department/Program
Status of faculty member:	Permanent Visiting (Indicate term of appointment: to)
Dept. Course Number	
Course Title	
	At the end of this course description, please include any pre- or co-requisites, when offered each semester", "spring semester"), and name of faculty member teaching the
B. The Colleges' Aspirat	ional Goals
the aspirational goals see	

## 3. CoAA recommendations:

- a. No course be listed as substantially addressing more than two goals; courses that substantially address one goal may substantially address one more goal or partially address one or two more goals.
- b. No course be listed as partially addressing more than three goals; courses that partially address multiple goals would not likely address more than three goals using the guidelines above.
   If you believe this course is an exception to these general guidelines, please provide a justification for CoAA to consider. However, exceptions will be rare.

c. How will these goals be assessed in this course? Please note that the course syllabus should reflect both content of the goals covered in the course and any assessment of those goals.		
C. Signatures required for COAA approx (Email approval or PDF scan of signature	val. *PLEASE USE ELECTRONIC SIGNATURE e.)	
If the Chair/Coordinator is the instructor, a signatur in lieu of the Chair/Coordinator's signature.	re from another senior departmental/program member is required	
*Course Instructor Signature	Date	
*Dept. Chair/Program Coordinator Signature	Date	
Print Name of Dept. Chair/Program Coordinator	Name of Dept. /Program	
required by the Chair of the Dept. /Program offer BE SURE ALL APPROPRIATE SIGNATURES A	programs be cross-listing this course? If so, written approval is ing the course and Chair of the Dept. /Program to be cross-listed. PPEAR ON THE FORM before submitting to the Registrar Ellison at ellison@hws.edu, at the time of submission). PLEASE oval or PDF scan of signature.)	
Name of cross-listed Department/Program Signal On the first line, list the name of the cross-listed department which requirements in the major or minor would be added.	ment and provide the signature of the chair. On the extra line, indicate	
1		
1		
2		
3		

## D. Action of the Committee on Academic Affairs

Approved	
Did not approve	
Revise & resubmit	
Signature of Chair COAA	
Signature of Chair, COAA	Date