

NEW COURSE DESCRIPTION FOR AN EXISTING COURSE

A. Course information

Instructor(s) _____ Department/Program _____

Status of faculty member: ___ Permanent
 ___ Visiting (Indicate term of appointment: _____ to _____)

Dept. Course Number _____

Course Title _____

NEW Course Description: At the end of this course description, please include any pre- or co-requisites, when offered (i.e. *“offered annually”*, *“offered each semester”*, *“spring semester”*), and name of faculty member teaching the course if known.

Rationale for change of description:

B. Signatures required for COAA approval. *PLEASE USE ELECTRONIC SIGNATURE (Email approval or PDF scan of signature.)

If the Chair/Coordinator is the instructor, a signature from another senior departmental/program member is required in lieu of the Chair/Coordinator's signature.

_____ Date _____
*Course Instructor Signature

_____ Date _____
*Dept. Chair/Program Coordinator Signature

_____ Name of Dept. /Program
Print Name of Dept. Chair/Program Coordinator

Will other departments or programs be cross-listing this course? *If so, written approval is required by the Chair of the Dept. /Program offering the course and Chair of the Dept. /Program to be cross-listed.* **BE SURE ALL APPROPRIATE SIGNATURES APPEAR ON THE FORM** before submission (emailed **approvals** are acceptable, if sent to Peter Sarratori at sarratori@hws.edu, at the time of submission). **PLEASE USE ELECTRONIC SIGNATURES** (Email approval or PDF scan of signature.)

C. Action of the Committee on Academic Affairs

Approved

Did not approve

Revise and resubmit

_____ Date _____
Signature of Chair, COAA