Academic Policies and Procedures Committees
PROPOSAL FORM -- Part A

__ Graduate AP&P

__ Undergraduate AP&P

__ Both (Dual-Listed Courses)
Submit simultaneously

Department/Program Proposal # _____

Proposed Effective Date: FALL (year) _____

College/Unit   Assoc. Dean _____   Proposer(s) _____ _____

Department/Program _____   Chair _____

1. I want to: Briefly describe the action(s) requested:

2. Rationale for this request:

3. a. List the current catalog copy (attach separate sheet if more space needed.)

   b. List the proposed catalog copy (attach separate sheet if more space needed.)

   c. Other REQUIRED attachments: see *General Instructions*

4. List the committees, councils, and other groups that have considered this proposal; the action taken; and the date that action was taken.

Area	Action			Date of Action m/d/yyyy
	approved	not approved	not applicable	
Department/Program Faculty (undergraduate)				
Department Graduate Faculty (graduate)				
College Council(s)				
General Education Council				
Council on Professional Education				
Honors Council				
Undergraduate Academic Policies & Procedures Committee				
Graduate Academic Policies & Procedures Committee				

5. Contact the Registrar's Office and (if applicable) Graduate School

Area	Person Contacted Includng Title	Response	Date of Response m/d/yyyy
Registrar's Office			
Graduate School			

6. a. Please search the current online bulletin for courses and programs of study affected by this proposed change, including any in your own department. List each course and program in the appropriate table below or, if applicable, choose none. Attach a separate spreadsheet if necessary. (Click here for instructions on searching Online Bulletin.)

Course(s) Affected (number & title)	Program(s) Of Study Affected (program code & title)
None	None

b. List all affected department chairs/program directors, including those from 6a as well as those whose programs may be impacted in ways other than listed above, who have been consulted in the development of this proposal and their response in support or opposition to the proposal.

Name	Department/Program	Response	Date of Response m/d/yyyy

7. Is this a cross-listed course in another department?   yes ___   no ___   n/a ___   (*If yes, list the cross-listed courses:*)

8. Is this a General Education course? yes ___   no ___   n/a ___   (*If requesting new general education credit, attach a syllabus and submit Part C of the AP&P proposal form to the Office of General Education*)

9. Distance Education:

    a. Does this proposal affect a course or requirement of a Distance Education program? yes ___   no ___   If yes, has Distance Education been consulted? yes ___ no ___ *If yes, list the **date**(s), **Distance Ed** contact person, and their **response** in support or opposition to this proposal:*

    b. Mode of delivery: fully online ___   site-based ___
        If you are not sure, contact the Office of Distance Education.

10. Schedule Type for new courses:

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PROPOSAL FORM -- Part B (For additions only)

SELECT ONE: Course aa" Egtvkhecy aa   Concentration __   Minor __   Degree __

1. If this is a new course,

    a. Has it been offered as Selected Topics in the last five years? yes__ no__ If so, how often and what were the enrollments each semester it was offered?

    b. Are there courses from other departments that may cover or partially cover the subject matter of the proposed new course? yes __ no __ n/a __ *(If yes, list course numbers and titles:)*

2. Projected enrollment: 1st year _____   2nd year _____

3. Projected student clientele:

4. Faculty:
    a. Additional faculty needed:

    b. Names of current faculty qualified to teach the course:

    c. Other and continuing responsibilities of current faculty involved in new degree or course:

5. a. For a new degree, attach the *Letter of Intent* submitted to UNC-System Office.

    b. For a new graduate certificate program, attach the *Proposing a New Graduate Certificate* form.

    c. For a new undergraduate certificate program, attach an explanation of the career and/or graduate education opportunities available to students.

6. List estimated costs of the new program or course that cannot be covered by the present budget:

7. Contact your department's Library Liaison. *List the date, person contacted, and their response.*
    (Click here for a list of Library Liaisons.)

8. Resource responsibilities: Has (have) the appropriate dean(s) been consulted in the development of this proposal?
    yes__ no__ *If yes, list the date(s), name(s) and title(s) of person(s) contacted, and their response(s) in support or opposition to this proposal:*

9. For a new degree or certificate only, consult Institutional Research, Assessment, and Planning (IRAP) to develop functional learning goals and outcomes. Attach the goals and outcomes to be published on IRAP's website. List the date, person contacted, and their response. Examples of outcomes are found here.