Texas A&M University- Corpus Christi

Course Addition Form

Effective Fall of ________
(This course does not replace an existing course)

Course Number and Name: __________

Semester Credit Hour (SCH) Value of Course: ______

Hours Per Week: (Enter the contact hours per week for each activity that applies)

Lecture ______
Lab ______
Practicum ______
Other (specify): ______ (______)

Course Description: (PLEASE ATTACH)

Complete the information below:

Is this a required course?  
NO  Yes

Is this a leveling course?  
NO  Yes

Does this course fulfill University core curriculum requirements?  
NO  If yes, specify the area: ______________________

Does this course require special grading?  
NO  If yes, specify the type of grading: ______________________

May this course be repeated for credit?  
NO  If yes, what is the maximum credit that may be awarded: _______SCH

Is this a stacked course?  
NO  If yes, specify course: ______________________

Is this course similar to others offered in your college?  
NO  If yes, specify course: ______________________

Does this course require a special course fee?  
NO  If yes, specify the Type of Fee and Amount
Field Trip Fee ______
Lab Fee ______
Material Fee ______
Other Fee (Specify) ______ (______)

**What are the student learning objectives? (PLEASE ATTACH)

Department Chair Approval: ______________________ Date: __________

Curriculum Committee Chair Approval: __________ Date: __________

College Dean Approval: ______________________ Date: __________

Note: The Faculty Senate and, if applicable, the Graduate Council must approve all new courses. Signatures from these approving entities are not required on this form.
Office of the University Registrar

Processed by: ______________________ Date: __________