



# Texas A&M University- Corpus Christi

Course Addition Form  
(This course does not replace an existing course)

Effective Fall of \_\_\_\_\_

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: \_\_\_\_\_