FORM EXPIRES 6-1-2016 BLOOMSBURG UNIVERSITY FORM EXPIRES 6-1-2016

# DOCUMENT P - OMNIBUS COURSE, Co-Curricular Learning Experience, and PROGRAM DEVELOPMENT COVER SHEET

Instructions: See [PRP 3230](http://www.bloomu.edu/policies_procedures/3230) Course and Program Development

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| DISCIPLINE PREFIX, COURSE NUMBER, COURSE TITLE:       |
| SHORT TITLE OF PROPOSAL:       |
| CIP:       | (FOR PROVOST’S USE ONLY) |
| Box 1: TYPE OF ACTION ADD(NEW) | [ ]  |  DEACTIVATE | [ ]  |  MODIFY | [ ]  |  N/A | [ ]  |  OTHER | [ ]  |
| Box 2: LEVEL OF ACTION Non-Credit | [ ]  |  Undergraduate | [ ]  |  Graduate  | [ ]   |  Other | [ ]  |  |  |
| Box 3: ITEM OF ACTION (check appropriate boxes) | APPROVAL  SEQUENCE(see box 5) | DOCUMENTS REQUIRED (see box 4)  | INFO COPIES(see 2 below) |
| [ ]  |  1 Experimental Course 1 | A B2 E | PQR | 1. d |
| [ ]  |  2 Change in Master Course Syllabus: |  |  |  |
|  |  [ ]  2a Title and/or Description [ ]  2b Credits | A B1 B2 E | PQ | 2ab.  |
|  |  [ ]  2c Course Number  | A B1 B2 E | PQ | 2c. |
|  |  [ ]  2d Pre & Co-Requisite | A B1 B2 E | PQ | 2d. a, b |
|  |  [ ]  2e Content Outline  | A B1 B2 DE | PQR | 2e. a, b |
|  |  [ ]  2f Methods | A B1 B2 E | PQR | 2f. a, b |
|  |  [ ]  2g Student Learning Objectives | A B1 B2 DE | PQR | 2g. a, b |
|  |  [ ]  2h Student Assessment and/or Evaluation | A B1 B2 E | PQR | 2h. a, b |
|  |  [ ]  2i Course Assessment | A B1 B2 E | PQR | 2i. a, b, e |
|  |  [ ]  2j Supporting Materials &/or Prototype Text  | A  | R | 2j. a, b, f |
| [ ]  |  3 Departmental Recommended Class Size, if appropriate | A B1 B2 DE | PQR | 3. a, b |
| [ ]  |  4 Deactivate a Course | A B1 B2 E | PQ | 4. a, b |
| [ ]  |  5 Pass/Fail Grading | A B1 B2 DE | PQR | 5. a, b |
| [ ]  |  6 Major/Minor/Concentration Requirements/Electives | A B1 B2 DE | PQV | 6. a, b |
| [ ]  |  7 New Course | A B1 B2 DE | PQR | 7. a, b |
| [ ]  |  8 Dual Listing (select 7a or 7b) | A B1 B2 DE | PQR | 8. b |
|  | [ ]  8a Offered in two departments with same number | A B1 B2 DE | PQR | 8a. b |
|  | [ ]  8b Offered in one department as undergrad & grad | A B1 B2 C1 C2 DE | PQR | 8b. b |
| [ ]  |  9 General Education Change | A B1 B2 C3 DE | PQR | 9. a, b |
| [ ]  | 10 Minor  | A B1 B2 DE | PQV | 10 a, b |
| [ ]  | 11 Non-Degree Certificate Program | A B1 B2 DE FGH | PQTU | 11. a, b |
| [ ]  | 12 Program Deletion | A B2 D-Information EFGH | PQTU | 12. a, b, c |
| [ ]  | 13 Program Moratorium | A B2 D-Information EFH | PQ | 13. a, b, c |
| [ ]  | 14 Certificate Program(Major or Minor Exists) | A B1 B2 DEFG | PQ | 14. a, b, c |
| [ ]  | 15 Degree Designation | A B1 B2 DEFGH | PQTU | 15. b, c |
| [ ]  | 16 Degree Program | 3A B1 B2 DEFGH | PQTUVW | 16. a, b, c |
| [ ]  | 17 Program Policy Change | A B1 B2 DE | PQ | 17. a, b, c |
| [ ]  | 18 Concept Approval | A B1 B2 DE | PQ | 18. a, b, c |
| [ ]  | 19 Distance Education (80% of content via Dist Ed) | A B1 B2 DE | PQR | 19. a, b, c |
| [ ]  | 20 Other | VARIES | VARIES | 20. varies |

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| Box 4: DOCUMENTATION |
|     | P. This Cover Sheet |     | T. Fiscal Impact |     | W. Program Completion Plan |
|    | Q. Summary (Reverse of P) |    | U. Needs Analysis |    | X. Letter of Intent |
|    | R. Syllabus |    | V. Program Course Checklists 4 |    |  |

1 Approval automatically lapses after two offerings unless permanently approved as a new course.

2 Codes: a) Director, Library Services b) College Deans c) Institutional Research d) BUCC

 e) Office of Planning & Assessment f) Provost’s Office

3 Concept approval required prior to detailed program development. Submit Letter of Intent.

4 Include existing and proposed checklists.

SHORT TITLE OF PROPOSAL:

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| Box 5: APPROVAL SEQUENCE APPROVAL SIGNATURES |  DATE |
|  |  |  | \_\_\_\_\_     \_\_  \_\_\_\_\_     \_\_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_     \_\_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_\_\_ \_\_\_\_\_     \_\_\_  |
| A Dept/Program:      B1 College Curriculum Committee B2 College Dean C1 Graduate Council C2 Graduate Dean C3 General Education Council D University Curriculum Committee (BUCC)E University Provost & VPAAF University PresidentG Council of TrusteesH PASSHE | Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provost & VPAA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SHORT TITLE OF PROPOSAL:

## DOCUMENT Q - SUMMARY PROPOSAL

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| College:       | Department:       |
| Contact Person:       | Phone:       | Effective Semester:       |

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| Q-1: Briefly describe what is requested:       |
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| For new courses or changes in existing courses (needed by Registrar):        |
| New Title:       | Course #:       | Credits:        |
| Course Abbreviation:       (Maximum of 20 letters including blank spaces) |
| Old Title:       | Course #:       | Credits:        |
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| Q-2: Set forth the full rationale for what is proposed.       |

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| Q-3 RESOURCES[ ]  No additional resources required. Explain why.      [ ]  Additional resources required. Indicate probable source of additional funds.        |
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SHORT TITLE OF PROPOSAL:

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| Q-4 Impact including Center for Academic Computing and Library resources (Complete **a** or **b**) a) Impact was reviewed but none detected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_ Department Chair Signature Date1. Impact was reviewed. All impacted units were contacted and understandings worked out. No unit objections to

the proposal as currently submitted. Supporting documents are attached. The units contacted were:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_ Department Chair Signature Date1. Impact was reviewed. All objections were worked out except those documented in attachments. Units

 contacted were:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_  Department Chair Signature Date |

IB/jmw/OmnibusForm 7/13/15