## OHSII

## **NEW COURSE FORM**

COURSE INFORMATION				
		0		
Course subject code		Course r	number	
Full course title				
Banner title (30 character max. This will appear on transcript)				
Number of credits		Expe	ected term enrollment	
Is the course repeatable for credit?			If yes, how many times can it repeat?	
Course grading			Course Offering	
Course delivery			Course Type/Schedule	
Course duration			If a Modular Course, # of weeks:	
Frequency of offering				
Term course will be offered (select all that apply)	Summer	Fall	Winter S	Spring
Target students (e.g. first year students in program X)				
Pre-requisite(s).			List pre-requisites here:	
Anticipated instructors				
Course description				
Assessment techniques (select all that apply)	Quizzes		Mid-Term Exam	
	Final Exam	Class Participation		
	Written Work		Presentations	

Clinical Skills Assessment

Comments:

Other (describe)

Are learning objectives/competencies attached?

Course support

Room Reservations

Sakai

Ed Comm

Other (describe)

## **Program/Departmental Information**

Academic program or department sponsoring course

Anticipated impact on other courses or programs.

If there is an impact on other courses or programs please describe.

Who did you speak with about the change?

Have they been notified?

Approvals: Please submit with appropriate Cat. II or Cat. III Request.