General Instructions: Please **Type** or **Print.** Complete one form for each course offered, or a separate form for each semester if the course is offered more than one semester, and one for each section if the prerequisites and/or enrollment limits differ. Forward all copies to the Office of the Dean (Registrar) of your school.

Semester/Year: _____

Instructor(s): _____

Instructor(s) School(s): _____

Field(s) (2 field codes only)**:** _____

Course #: _____
      (list number if course was previously taught)

Level of Course (check only one)**:**

Introductory   Intermediate
(1000-1999)   *(2000-3999)*
Advanced   Doctoral/
(4000-4999)   Advanced MA
Doctoral   *(5000-5999)*
(Doctoral students only)
(6000-6999)

CONCURRENT HYBRID

____**ONLINE (SYNCHRONOUS)** ____**ONLINE (ASYNCHRONOUS)** Units: (check one)   1.5   3   1.5-3.0   Other ____

COURSE TITLE: _____
(No character limit, but preferably 40 or fewer; include subtitle, if any, in the course description)

COURSE DESCRIPTION: (Be concise, and include format [lecture/seminar], evaluation method [exams/research and/or reflection papers/presentations], and intended audience [e.g., MDiv, MA/MTS, DMin, PhD, or combination with varying requirements].)

PREREQUISITES:

REGISTRATION RESTRICTIONS: (Check ONLY if there are limits on the course)
      Faculty Consent (FC) Required, Maximum enrollment: # _____   Interview Required (FC required)
      No FC Required, Maximum enrollment: # _____   Auditors Excluded
      FC Required   Auditors with Faculty Permission

Day and Time Preferences: Please select designated time blocks only. Courses meeting twice weekly must follow a **M/TH** or a **T/F** pattern. Each block of time runs 1 hr, 20 min. Two blocks of time run 2 hrs, 50 min. Wednesday AM is reserved primarily for in-house courses. Please consider chapel schedules when selecting times for core courses.

Time Blocks: Select Time(s) and Day(s)   **# of Sessions Per Week:** _____   **# of Sections:** _____

8:10-9:30 a.m.	12:40-2:00 p.m.	6:30-9:30 p.m.
9:40-11:00 a.m.	2:10-3:30 p.m.	7:10-8:30 p.m.
11:10 a.m.-12:30 p.m.	3:40-5:00 p.m.	7:10-9:10 p.m.
	6:10-9:00 p.m.	7:10-9:40 p.m.

      Smart classroom requested
      Check if day and time are *to be arranged* during the first course meeting

Schedule first meeting: _____   _____
                    (date & time)   (place)

_____
Dean's Signature/Date