

Department Name and Number			
<p>Recommended SCNS Course Identification</p> <p>Prefix ___ ___ ___ Level ___ Course Number ___ ___ ___ Lab Code ___</p> <p>Full Course Title _____</p> <p>Transcript Title (please limit to 21 characters) _____</p>			
Effective Term and Year		Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no	
Amount of Credit ___	Contact Hour: Base ___ or Headcount ___		S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no
Repeatable Credit <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ___ total repeatable credit allowed			
Variable Credit <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ___ minimum and ___ maximum credits per semester			
Course Description (50 words or less)			
Prerequisites		Co-requisites	
Degree Type (mark all that apply) <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Other _____			
Category of Instruction <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			

Rationale and place in curriculum

Department Contact	Name	Phone	Email
College Contact	Name	Phone	Email