

INSTRUCTIONS:

1. Beginning February 1, 2005, this form must be completed for all additions and deletions of undergraduate courses, as well as changes to existing course prefixes, numbers, titles, and/or credits. In addition, this form is to be used for transfer status reviews.
2. Submit this form following approval by your institution's curriculum committee.
3. If a course is new to the NSHE, department chairs in the applicable discipline at each institution must verify the course number (note the second page of this form).

NOTICE: New courses that are not currently offered at any NSHE institution cannot be included in class schedules or catalogs until this form has been completed, submitted to System Administration, and notification has been sent that all criteria have been met.

CONTACT INFORMATION (for institution requesting course approval)

Institution: _____ **Date:** _____
Contact Person: _____ **Phone #:** _____
 (name of individual submitting this form)
 _____ **E-mail address:** _____
 Signature (type name if e-mailing)

1) **In the boxes below, enter new course information for additions and changes, as well as deletions:**

Prefix	Course #	Course Title	Credits

2) **Is this an addition of a new course or change to existing course prefix, number and/or title?**

Yes [] No []

If Yes, check the appropriate box below. If No, skip to question #3.

- discipline or prefix is found in the CCN master file, however **both** course # and title are not (if you check this box you must complete questions #4 through #7)
- discipline or prefix is found in the CCN master file; either course # or course title is also found in the CCN master file (another institution already offers this course; course # and title must be identical with existing course) (**STOP:** If you checked the above box, this form is complete and ready to submit. A course description must also be submitted to system administration along with this form.)
- discipline or prefix is NOT found in the CCN master file (either this discipline is unique to your institution or it has not been common course numbered) (if you check this box you must complete questions #4 through #7)

3) **Is this a deletion of an existing course?** Yes [] No []

If Yes, what is the date of last offering _____ (**STOP** this form is complete and ready to submit)
 If No, complete the remainder of the form.

4) **If this is a change to an existing course, enter the information from the old course below.**

Prefix	Course #	Course Title	Credits

5) **Is this a new course proposed by a community college that requires a transfer status review by the universities?**

(B designators are applied to all course numbers that are deemed non-transferable to the universities)

Yes [] No [] If Yes, the transfer status boxes at the bottom of the second page must be completed.

6) Please attach a course description of the new or changed course to this form.

- 7) In order for a course to be assigned a unique course number, all institutions that offer the discipline in which the proposed course resides must agree that at least 20% of the content of the proposed course is unique and cannot be found in a current or pending course within the NSHE. **Every institution that offers the discipline must be contacted** (contact campus registrars in cases where the course is not found in the CCN master file).

In the space provided below, record the contact name at each institution, date of contact, approval status and date of first activation in the spaces provided. **Contact must be made with the applicable department chair at each institution that offers the discipline in which the proposed course resides** (contact campus registrars in cases where the course is not found in the CCN master file). Note: institutions developing upper level courses must still contact the community colleges; furthermore, institutions developing non-transferable, lower division courses must contact the state college and universities.

Institutional Contact List (tracking responses via e-mail is recommended)

<u>Institution</u>	<u>Campus Contact Name & Phone Number</u>	<u>Date</u>	<u>Approval</u>	<u>If "No" and the identical course is offered, show first active date</u>
CCSN	_____	_____	Yes/ No	_____
GBC	_____	_____	Yes / No	_____
NSC	_____	_____	Yes / No	_____
TMCC	_____	_____	Yes / No	_____
UNLV	_____	_____	Yes / No	_____
UNR	_____	_____	Yes / No	_____
WNCC	_____	_____	Yes / No	_____

Note: If a response is not received from an institutional contact within 10 business days of submitting a request, approval is automatically granted. [Not applicable May 15 – Aug. 15, Dec. 15 – Jan. 20] **If response is not received from the campus within the allotted 10 days, please circle the name of the institution.**

Institutional Curriculum Committee Chair approval is required from the institution making the request:

Signature: _____ Date: _____

If you have any questions regarding common course numbering procedures or the completion of this form, contact Sally Jackson (sallyj@nevada.edu) at System Administration (775-784-4901 ext. 238).

Send completed forms to:
 Academic and Student Affairs
 2601 Enterprise Road
 Reno, Nevada 89512

System Use Only

Date Received: _____

Date Completed: _____

NSHE Course Transfer Status – this portion of the form is to be completed by university registrars & then returned to system admin.

Board of Regents Policy, Title 4, Ch. 14, Section 19 states: The "B" designator shall be used for courses designated non-transferable from a community college to a university. The universities must provide written justification for all courses determined to be non-transferable. A course approved for transfer at one university will automatically count as elective at the other university.	UNR Evaluation <input type="checkbox"/> Non-transferable <input type="checkbox"/> Elective <input type="checkbox"/> Equivalent _____ Course prefix & number	UNLV Evaluation <input type="checkbox"/> Non-transferable <input type="checkbox"/> Elective <input type="checkbox"/> Equivalent _____ Course prefix & number
	_____	_____
	UNR Approval (Print Name & Title)	UNLV Approval (Print Name & Title)
	Signature (type name if e-mailing)	Signature (type name if e-mailing)
_____	_____	_____
Date	Date	Date