



**LSU Health Sciences Center
at New Orleans
Office of the Registrar**

433 Bolivar Street, 1st Floor
New Orleans, LA 70112
(504) 568-4829 (504) 568-5545 fax
registrar@lsuhsc.edu

**REQUEST FOR
NEW COURSE**

Entered _____
PeopleSoft Course ID # _____
 By _____ For use by the Registrar's Office

1. School _____ Date _____
2. Career _____ Department _____
3. Course prefix (e.g., Path) _____ Course number _____
4. Transcript course title (limit 30 characters) _____
5. Catalog/Bulletin course title (limit 100 characters) _____

Contact the Registrar
if you have questions concerning
the completion of this form.

6. Prerequisites _____
7. Enrollment by permission of the Instructor Department Head Not Applicable
8. Semesters offered Fall Spring Summer
9. Grading Scheme Graded Pass/Fail Satisfactory/Unsatisfactory Honors (Medicine)
10. Course Type Lecture Lab Clinical Seminar Research Independent Study
 Practicum
11. Semester/Contact credits _____ Hours per week ▶ Lecture _____ Lab _____

All new courses must be approved
by the Vice Chancellor for
Academic Affairs.

12. Can this course be repeated for credit? Yes No
13. Are multiple enrollments in the same term allowed (e.g. Special Topics)? Yes No
14. Estimated number of students expected per semester _____
15. Maximum number of student allowed to enroll in each section of this course per semester _____
16. Effective Semester ▶ Fall Spring Summer Academic Year _____
17. To what degree, if any, will the course duplicate other courses offered in your department and similar courses given in other departments or colleges?

18. For what curriculum or curricula is this course designed?
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19. Will it be a required course? Yes No If yes, for whom?
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20. Has the course been discussed and approved by the faculty of the department concerned? Yes No

21. If this course is approved, will you need additional Staff Space or Equipment? Please explain needs below.

22. Catalog/Bulletin course description (limit 2,500 characters). Please enter this information in paragraph style. Do not format the information using an outline or bullets. When you submit this request for a new course to your department/school you may attach additional pages, which contain a more detailed description of the requested course.

----- **APPROVALS** -----

Department Head

Typed name

Signature

Date

Curriculum Committee Chair

Typed name

Signature

Date

School Dean

Typed name

Signature

Date

Vice Chancellor for Academic Affairs

Typed name

Signature

Date