



Curriculum Review Committee

Curriculum Manager
email: curriculum@gbcnv.edu

New Course Form

SECTION 1: SUBMITTER INFORMATION

Name of submitter: _____ Phone Number: _____
Email Address _____ Submission Date: _____
Department: _____ GBC Center: _____ Building & Room #: _____

SECTION 2: NEW COURSE INFORMATION

Syllabus must be submitted with this form.

Effective Term: _____ Subject and Catalog Number (example ACC 201): _____

Full Course Title: _____

Abbreviated Title (30 characters or less): _____

Will this be a general education course? : Yes N/A (if yes, please list the general education objective it fulfills)

Date approved by General Education Committee: _____

Will this be cross-listed with another course? Yes No (if yes, prefix and course number) _____

Grading Basis: A-F S/U

Credits: Fixed credits: _____ **OR** Variable credits: _____ to _____

Repeatability: A student may earn credit(s) for this course only one time and may retake this course to improve a grade, but will not receive credit more than once. **OR**

A student may repeat this course for credit up to a total number of credits _____

OR up to a total number of completions _____

Transferability: Course is TRANSFERABLE for any NSHE Baccalaureate degree

Course is NON-TRANSFERABLE (Formally called a "B" course)

Prerequisites (Please use "and" or "or" between each req.): Corequisites (Please use "and" or "or" between each req.):

Is department consent required? (If yes, this will prevent students from enrolling via self-service): Yes No

Catalog Description:

(must be identical to the catalog description on the class syllabus)

Will this course be used to satisfy a program requirement? Yes No

If yes, list the program(s) below:

SECTION 3: APPROVALS

Submitter

Department Chair

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____

This form will not be accepted without the above signatures.

Curriculum Review Chair

Curriculum Manager

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Dean

Vice President of Student and Academic Affairs

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____