# Experimental Course Proposal

**Curriculum Committee**  
(Graduate and Undergraduate)

## Page 1 of 2

**Department:**  
**Course Number:**

**Discipline:**  
**Course Level (UG):**

- ☐ 1  
- ☐ 2  
- ☐ 3  
- ☐ 4

**Grading Mode:**

- ☐ Pass/No Pass  
- ☐ Letter Grade

**Course Level (Grad):**

- ☐ 5  
- ☐ 6  
- ☐ 7  
- ☐ 8

**# of Credits:**

- ☐

**Is this a variable credit course?**  
- ☐ Yes  
- ☐ No  

If yes, what range of credit?

**Title Abbreviation for Transcript:** (30 characters or fewer)

**Full Title:**

**Catalog Description:** (60 words or fewer)

**Prerequisite:**

**Corequisite:**

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**Attach course syllabus, prepared according to Curriculum Committee Syllabus Checklist:**

http://www.plymouth.edu/committee/faculty/faculty-committees-and-appointed-groups/curriculum/forms-and-documents/

**Justification:** *(Include justification to demonstrate that any curriculum changes align with the results of program reviews and Academic Plans)*

<table>
<thead>
<tr>
<th>Was this course proposed before?</th>
<th>☐ Yes  ☐ No</th>
<th>If yes, when? (Term/Year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the course run?</td>
<td>☐ Yes  ☐ No</td>
<td>If yes, course enrollment:</td>
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**Was an experimental course report submitted to the AVPAA?**  
- ☐ Yes  ☐ No

**If report was submitted, when? (Term, Year):**

*Attach experimental course report if requesting a second experimental offering.*

Which student population(s) do you expect to attract?

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**Additional Cost/s:** Describe additional resources required such as facilities, supplies, equipment, etc. if applicable.

**Staffing:** Will adding this course require additional teaching resources (e.g. overload, teaching lecturer)?  
- ☐ Yes  ☐ No  ☐

Please explain:

Dean Comments/Justification regarding change, especially if change requires additional teaching resources:

Dean Signature:  
Date:

**General Education:** Is there a general education attribute? If yes, please explain:

- ☐ Yes  ☐ No  ☐
Please consider the environment before printing this

<table>
<thead>
<tr>
<th>Specify any course fee for students:</th>
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<thead>
<tr>
<th>Provost Signature (required for course fees only)</th>
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<tbody>
<tr>
<td>Provost Signature:</td>
<td>Date:</td>
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**Please note:** The instructor is expected to conduct a course evaluation at the close of the experimental course offering. An evaluation report will be required for a second or permanent offering of the course. If this is a second experimental offering, attach the report to this proposal. Without the evaluation report, **a second or permanent offering cannot be considered.**

<table>
<thead>
<tr>
<th>Department Chair or COBA Director of Instruction:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>AVP for Academic Affairs</td>
<td>Date:</td>
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</tbody>
</table>

| Undergraduate Curriculum Committee Chair: (Required for 2nd experimental offering only as applicable) | Date: |

| Graduate Curriculum Committee Chair: (Required for 2nd experimental offering only as applicable) | Date: |