

R·I·T | College of Imaging Arts & Sciences

Curriculum Cover Form

Submission Date (mm/dd/yy) _____

Effective Term for Change _____

To be completed by the faculty. Check all that apply:

Graduate New Modified
Undergraduate New Modified
Required or **Elective**
Online Designation

Program _____

Proposing Faculty _____

Course # _____ Course ID _____ Cross-listed Course # _____
 (if new, completed by Scheduling Officer) (to be completed by Scheduling Officer)

Course Title (same as course outline) _____

Section 1: Complete this section for **NEW** or **MODIFIED** courses.

Is this course included in any of the following? (If checked, submit curriculum table simultaneously.)

Program Required Course (Table 1A or 1B) Minor (Minor Name) _____
 Program Elective Course (Table 1A or 1B) Immersions (Name) _____
 Certificate (Table 1A) _____ Adv. Certificate (Table 1B) _____

Section 2: Complete this section for **MODIFIED** courses only.

What is the modification? (Be specific) _____

Check ALL that apply to indicate if the modification(s) is a significant or minor modification, as well as the specific change(s):

Significant Modification (Requires School Administrative Chair and College Curriculum Committee approval)

Course Title	Contact Hour	Credit Hour	Pre-requisite
Course Number	Mode of Delivery	Deactivation	Special Designation (GE or WI)

Minor Modification (Requires School Administrative Chair approval)

Term Offered	Consent Added	Consent Removed	Multiple Enroll
Course Print	Course Description	ERG	Repeat for Credit
Component	Final Exam	Topic	

Action Routing for **New Courses and Modifications** (Sign electronically and forward (electronically) to next person in list)

- Program Chair | Graduate Director _____
- School Curriculum Committee Chair _____
- School Administrative Chair _____
- CIAS Curriculum Committee Chair _____
 and/or
 Sr. Associate Dean | Associate Dean _____
- Scheduling Officer _____

— ATTACH THIS FORM TO ALL COURSE OUTLINES —