ALABAMA COLLEGE SYSTEM COURSE DIRECTORY
Course Proposal Form

Institution:_____

Contact person:_____

Email Address:_____Phone:_____Fax:_____

General Subject Area:_____

Check all that apply: Initial Submission _____ Re-submission _____ Course title/number change _____

Course description(s) (including prerequisites) as it will appear in The Alabama College System Course Directory.

Please format the course description(s) in accordance with the directory instructions and provide one hard copy for review

DPT.	CRS.		"THEORY"		"EXPERIMENTAL"		"MANIPULATIVE"		COURSE
PRE	NUM	COURSE TITLE	CREDIT HOURS	WEEKLY CONTACT HOURS	CREDIT HOURS	WEEKLY CONTACT HOURS	CREDIT HOURS	WEEKLY CONTACT HOURS	CREDIT HOURS
XXX	XXX	COURSE TITLE HERE	X	X	X	X	X	X	X

PREREQUISITE: XXX

DESCRIPTION: (Course description here…….)

Attach rationale for the course request. If a similar course description bearing a different course prefix already exists in the Directory, please explain why it is inapplicable.

ADPE APPROVAL_____ **ADPE DISAPPROVAL_____**

_____
Chancellor or Designee Date

Explanation if not approved: _____
_____

Submit proposal to:
Alabama Department of Postsecondary Education
Dr. Kandis Steele
Post Office Box 302130
Montgomery, Alabama 36130-2130

If you have questions, please contact: Kandis Steels (334) 242-2964 or submit electronically to:
kandis.steele@dpe.edu