

**GRADUATE  
PROFESSIONAL PRACTICE COURSE COVERSHEET  
For All New 400- and 500-Level Professional Practice Course Proposals**

Initiator \_\_\_\_\_ Department/School \_\_\_\_\_ Date \_\_\_\_\_

A. Proposed course number, title, semester hours credit, semesters offered, prerequisites, and course description **EXACTLY** as they will appear in the Graduate Catalog:

B. Routing and action summary:

\_\_\_\_\_  
Department Chair/School Director \_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director for Professional Practice \_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies \_\_\_\_\_  
Date

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Approved with modifications (specify below)

\_\_\_\_\_ Not approved (specify below)

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