

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:

**To obtain an available decimalized course number, contact the Graduate School.*

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*)
