

CALIFORNIA STATE UNIVERSITY, EAST BAY
COURSE BANK REQUEST

Quarter: _____ Year: _____ Catalog: _____ Date Submitted to APGS: _____
[First Quarter/Year in the Bank] [Catalog in which the course will last appear]

1. **Department** [Name of department or program which will offer the course]: _____

2. **Alphabetical Prefix:** _____ **Course Number:** _____

Full Title: _____ **Abbreviated title:** _____

Unit Value: _____ **Course Classification Number:** _____ **Capacity:** _____

Complete University Catalog Description:

[All of the above information can be retrieved from the course inventory. Check with Department Chair, Dean/Associate Dean, or College Curriculum Coordinator.]

3. **Use(s) of the course in department programs.** (Was the course required or used as an elective for the major, option, minor, certificate?)

NOTE: Unbanked courses are restored to the home department's: 1) course list; 2) original curricular location(s), provided that subsequent major modifications did not alter unit totals. In this event, the course will be restored to the course list only.

4. **Use(s) of the course in other programs.** (E.g. Was the course approved for GE? If so, what area? Was the course approved for the Code requirement? The University Writing Skills Requirement?)

5. **CONSULTATION** with other affected departments and program committee:

a) The following **department(s)** has (have) been consulted and raise **no objections**:

[If there were no objections to this curriculum request after listing it on the Curriculum Sharepoint site for five working days, type in the following: "All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections."]

b) The following **department(s)** has (have) been consulted and **raised concerns** *[If there were unresolved objections to this curriculum request after listing it on the Curriculum SharePoint site for five working days, indicate the objecting department or program below, along with the specific concern. If there were no unresolved objections, type in "None."]*:

6. Certification of **department approval** by the chair.

Chair: _____ Date: _____
[Print Department Chair's name here. Department Chair shall sign a hard copy for the College Office files.]

7. Certification of **college approval** by the dean/associate dean:

Dean/Associate Dean: _____ Date: _____
[Print Dean or Associate Dean's name here. Dean or Associate Dean shall sign a hard copy for the College Office files.]