

UNIVERSITY OF HAWAII AT MĀNOA

UHM-1 FORM (ADD A COURSE)

See [Guidelines](#) for instructions and deadlines. Submit forms (one course per form) to uhmcrse@hawaii.edu.

1. Course Subject and Number		2. Effective Term & Year <input type="checkbox"/> FA _____ <input type="checkbox"/> SP _____ <input type="checkbox"/> SU _____		3. Frequency (check all that apply) <input type="checkbox"/> Fall Semester <input type="checkbox"/> Summer Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Alternate Years		4. Offering Status (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Experimental (~97 or ~98 only)																												
5a. Full Course Title (for alpha courses, attach a separate sheet and specify the title for <u>each</u> alpha)				6. Grade Option (check all that apply) <input type="checkbox"/> Letter Grade <input type="checkbox"/> Satisfactory/Unsatisfactory (500, 700, 800 only) <input type="checkbox"/> CR/NC <input type="checkbox"/> Honors (Medicine only) <input type="checkbox"/> Audit																														
5b. Banner Course Title (30-character maximum, including spaces and punctuation; use title case. For alpha courses, attach a separate sheet and specify the title for <u>each</u> alpha)				7a. Gen Ed Foundations, Diversification, or Hawaiian/Second Language Designation (check one) <input type="checkbox"/> Request Gen Ed designation indicated below (complete 7b) <input type="checkbox"/> No designation requested																														
7b. If requesting Gen Ed Designation, indicate designation (choose <u>one</u>):				GEO Use: <input type="checkbox"/> None <input type="checkbox"/> Add _____																														
DA		DH		DL		DS		DB		DP		DY		DB+DY		DP+DY		FGA		FGB		FGC		FQ		FW		HSL						
8. Blanket Statement(s) Listed in Catalog (If none, write "none." For all cross-listed courses, include all applicable blanket statements. If requesting a change to the blanket statement, submit memo)																																		
9. Contact Hours (total meeting hours per semester – if variable, specify range)							10. Number of Credits (if variable, specify range)							11. Repeat Limit (do NOT write "none")							12. Credit Limit (do NOT write "none")													
13. Schedule Type (See definitions here)							<input type="checkbox"/> Clinical Instruction (CLN)							<input type="checkbox"/> Individual Instruction (INV)							<input type="checkbox"/> Lecture/Discussion (LED)							<input type="checkbox"/> Seminar (SEM)						
<input type="checkbox"/> Directed Reading & Research (DRR)							<input type="checkbox"/> Laboratory (LAB)							<input type="checkbox"/> Lecture/Lab (LEL)							<input type="checkbox"/> Studio (STU)													
<input type="checkbox"/> Fieldwork (FLD)							<input type="checkbox"/> Lecture (LEC)							<input type="checkbox"/> Practicum Instruction (PRA)							<input type="checkbox"/> Thesis (THE)													
14. Co-requisite Course(s)							15. Class Standing Restrictions							16a. Major Restrictions (as they should appear in Catalog)							16b. Banner Codes of Acceptable Majors													
17a. Prerequisite Course(s) (use "and," "or," <u>and</u> punctuation to indicate relationships between prerequisites)														17b. Minimum Required Grade for Prerequisites																				
18. Catalog Description (35-word maximum. Do not include other course information such as frequency, grade option, and prerequisites in the description/word count.)																																		
19. Justification (attach additional sheets if needed)																					20. Syllabus Attached <input type="checkbox"/> Yes <input type="checkbox"/> Not Needed (~99 only)													
21. Cross-listed or Honors Course(s)																																		
Course Subject & Number							Chair/Director							Signature							Date													
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22. Requested By I certify that the student learning objectives for the course are consistent with the learning objectives of each program under which the course is listed.																																		
Department/Unit							Chair/Director							Signature							Date													
Approved By																																		
1 st College or School							Dean or Designee							Signature							Date													
2 nd College or School							Dean or Designee							Signature							Date													
General Education Office (for courses numbered 100-499)																																		
Director or Designee							Signature							Date																				
Graduate Division (for Graduate Division-administered courses)																																		
Dean or Designee							Signature							Date																				
Office of the Provost																																		
Vice Chancellor for Academic Affairs or Designee							Signature							Date																				