



**LSU Health Sciences Center  
at New Orleans  
Office of the Registrar**

433 Bolivar Street, 1<sup>st</sup> Floor  
New Orleans, LA 70112  
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[registrar@lsuhsc.edu](mailto:registrar@lsuhsc.edu)

**REQUEST FOR  
NEW COURSE**

Entered \_\_\_\_\_  
**PeopleSoft Course ID #** \_\_\_\_\_  
 By \_\_\_\_\_ For use by the Registrar's Office

1. School \_\_\_\_\_ Date \_\_\_\_\_
2. Career \_\_\_\_\_ Department \_\_\_\_\_
3. Course prefix (e.g., Path) \_\_\_\_\_ Course number \_\_\_\_\_
4. Transcript course title (limit 30 characters) \_\_\_\_\_
5. Catalog/Bulletin course title (limit 100 characters)

Contact the Registrar  
if you have questions concerning  
the completion of this form.

6. Prerequisites \_\_\_\_\_
7. Enrollment by permission of the  Instructor  Department Head  Not Applicable
8. Semesters offered  Fall  Spring  Summer
9. Grading Scheme  Graded  Pass/Fail  Satisfactory/Unsatisfactory  Honors (Medicine)
10. Course Type  Lecture  Lab  Clinical  Seminar  Research  Independent Study  
 Practicum
11. Semester/Contact credits \_\_\_\_\_ Hours per week ▶ Lecture \_\_\_\_\_ Lab \_\_\_\_\_

All new courses must be approved  
by the Vice Chancellor for  
Academic Affairs.

12. Can this course be repeated for credit?  Yes  No
13. Are multiple enrollments in the same term allowed (e.g. Special Topics)?  Yes  No
14. Estimated number of students expected per semester \_\_\_\_\_
15. Maximum number of student allowed to enroll in each section of this course per semester \_\_\_\_\_
16. Effective Semester ▶  Fall  Spring  Summer Academic Year \_\_\_\_\_
17. To what degree, if any, will the course duplicate other courses offered in your department and similar courses given in other departments or colleges?

18. For what curriculum or curricula is this course designed?
- 

19. Will it be a required course?  Yes  No If yes, for whom?
- 

20. Has the course been discussed and approved by the faculty of the department concerned?  Yes  No

21. If this course is approved, will you need additional  Staff  Space or  Equipment? Please explain needs below.

22. Catalog/Bulletin course description (limit 2,500 characters). Please enter this information in paragraph style. Do not format the information using an outline or bullets. When you submit this request for a new course to your department/school you may attach additional pages, which contain a more detailed description of the requested course.

----- **APPROVALS** -----

**Department Head**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Curriculum Committee Chair**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Dean**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Vice Chancellor for Academic Affairs**

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date