

Department/Program: _____ Date: _____

Contact Name: _____ Contact Email Address: _____

Course Title: _____

Anticipated Course Number: _____ Instructor Name(s): _____

Instructor Email Address: _____

Units of Credit: _____ Repeatable for Credit? _____ Anticipated Enrollment: _____

Valid Grade Option(s) - check all that apply: Credit Pass/Fail Audit

Semester Initially Offered: _____ Frequency (as entered into WUCrSL): _____

Instruction Type (Select one): _____

Day(s): M T W TH F Start Time: _____ End Time: _____

Crosslisted course departments, if any: _____

Prerequisites (should be entered at end of course description):

Signature of Department Chair or Program Director

 Date

Please attach a syllabus that makes clear to the student what you expect them to know and be able to do by the end of the semester, as well as the ways in which the student will demonstrate their acquired knowledge or skills. Include at a minimum:

1. a substantial course description
2. a schedule of topics, assigned readings, and graded assignments (homework, quizzes, presentations, papers, exams, etc)
3. criteria for evaluating student work, including evaluation of class participation (if applicable)
4. how the final grade will be calculated

Please submit this form to wusmregistrar@wustl.edu