

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152 TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

COURSE TRANSMITTAL FORM

STUDENT ID # (SEVEN DIGITS)	
EMAIL	
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5	e Course lete 1 & 8)
1. Term in which the course or the change will become effective	
2. Short Title	
(30 characters or fewer)	
3. Full Title	
(100 characters or fewer)	
4. Consent Instructor Department	None
5. Grading Basis Graded S/U Other	
(check one)	(explain grading basis)
6. Number of units or variable from to	units
7. Repeatable for credit? Yes No	
If yes: Total units allowed	
Total completions allowed	
Allow multiple enrollments in same term? Yes	No
Tes	NO
8. Subject area Assigned catalog number	
9. Is this course a successor to an existing course? Yes	No
If yes please provide subject area and catalog number	
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CRS-TRANS

10. Separately scheduled course components (choose all that apply)

Component	Primary component (choose only one)	Graded component (yes/no)	Section size (enrollment)	Weekly class time (hours)	Final exam (Yes/No)
Lecture					
Laboratory					
Discussion					
Seminar					
Practicum					
Clinical					
Field studies					
Independent study					

11. Attributes
 Off-campus course (location: ______)

 ______Year-long course

12. Course description



13.	Course equivalency	Course subject	Course number

14. Prerequisites and enrollment requirements

Prerequisite courses		Course subject	Course number
	Course 1:		
	Course 2:		
	Course 3:		

Enrollment requirements



15. Course topics (if applicable)

Topic (section) number	Title	Repeatable (yes/no)

16. <u>Approval record</u>

Please send the URL for the documenting curricula and course commitee minutes (if available on the web) or attach the documents and send this form via e-mail to gradit@uconn.edu. You may also send a hard copy to the Graduate School.