

NORTH CAROLINA STATE UNIVERSITY  
COURSE ACTION FORM

For instructions, please consult: [http://www.ncsu.edu/provost/academic\\_programs/courses/attdoccrsinst.html](http://www.ncsu.edu/provost/academic_programs/courses/attdoccrsinst.html)

<b>TYPE OF PROPOSAL:</b>	
New Course	_____
Course to be dropped	_____
Course Review	_____
Course Revision*	_____
GER List Action	_____
Dual-level Course	_____
<b>* REVISION IN:</b>	
Prefix/Number	_____
Title/Abbreviated Title	_____
Scheduling	_____
Credit Hours/Contact Hours	_____
Grading Method	_____
Pre/Corequisite	_____
Restrictive Statement	_____
Catalog Description	_____
Content	_____
Student Learning Outcomes	_____

Proposed Effective Date: _____/_____/_____
Approved Effective Date: _____/_____/_____

DEPARTMENT/PROGRAM Mathematics

COURSE PREFIX MA NUMBER 103

PREVIOUS PREFIX/NUMBER \_\_\_\_\_

COURSE TITLE Topics In Contemporary Mathematics

ABBREVIATED \_\_\_\_\_ (18 including spaces)

SCHEDULING: Fall x, Spring x, Summer x, Every Year x  
 Alt. Year Odd \_\_\_\_\_ Alt. Year Even \_\_\_\_\_ Other \_\_\_\_\_

CREDIT HOURS 3 OFFERED BY DISTANCE EDUCATION ONLY \_\_\_\_\_

CONTACT HOURS: Lecture/Recitation x Seminar \_\_\_\_\_ Laboratory \_\_\_\_\_ Problem \_\_\_\_\_  
 Studio \_\_\_\_\_ Independent Study/Research \_\_\_\_\_ Internship/Practicum/Field Work \_\_\_\_\_

GRADING: ABC \_\_\_\_\_ or S/U \_\_\_\_\_ DATE OF LAST ACTION: \_\_\_\_\_

PREREQUISITE(S) None

COREQUISITE(S) N/A

PRE/COREQUISITE for Following Course(s) N/A

RESTRICTIVE STATEMENT(S) N/A

CATALOG DESCRIPTION (Limit to 80 words):

CURRICULA/MINORS FOR WHICH COURSE IS DESIGNED:

Required: \_\_\_\_\_

Elective: \_\_\_\_\_

GER LIST(S): \_\_\_\_\_

INSTRUCTOR RESPONSIBLE FOR COURSE/RANK: Tom Lada

ANTICIPATED ENROLLMENT/SEMESTER: \_\_\_\_\_ Maximum No./Sect.: 150 Multiple Sections: Yes x No \_\_\_\_\_

<b>DOCUMENTATION AS REQUIRED:</b>	
<i>Please number all documentation pages attached to course action form.</i>	
Course Justification	___x__
Proposed Revision(s) with Reasons	___x__
Enrollment for last 5 years	___x__
Resources Statement	___x__
Consultation with other Departments	___x__
GER Course Documentation:	
GER category objectives	___x__
GER student learning outcomes	___x__
Means of assessing GER outcomes	___x__
Syllabus (Current and Proposed)	___x__

**RECOMMENDED BY:**

\_\_\_\_\_  
Head, Department/Program Date

**ENDORSED BY:**

\_\_\_\_\_  
Chair, College Courses & Curricula Committee Date

\_\_\_\_\_  
College Dean Date

\_\_\_\_\_  
Chair, University Courses & Curricula Committee Date

\_\_\_\_\_  
Chair, Council on Undergraduate Education Date

**APPROVED:**

\_\_\_\_\_  
Provost's Office Date