

NORTH CAROLINA STATE UNIVERSITY
COURSE ACTION FORM

For instructions, please consult: http://www.ncsu.edu/provost/academic_programs/courses/attdoccrsinst.html

TYPE OF PROPOSAL:	
New Course	_____
Course to be dropped	_____
Course Review	_____
Course Revision*	_____
GER List Action	_____
Dual-level Course	_____
* REVISION IN:	
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 ____ 114 _____

PREVIOUS PREFIX/NUMBER _____

COURSE TITLE ____ Introduction To Finite Mathematics with Application _____

ABBREVIATED _____ (18 including spaces)

SCHEDULING: Fall Spring Summer Every Year
 Alt. Year Odd ____ Alt. Year Even ____ Other _____

CREDIT HOURS ____ 3 _____ OFFERED BY DISTANCE EDUCATION ONLY _____

CONTACT HOURS: Lecture/Recitation 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) ____ None _____

PRE/COREQUISITE for Following Course(s) ____ None _____

RESTRICTIVE STATEMENT(S) ____ None _____

CATALOG DESCRIPTION (Limit to 80 words):

CURRICULA/MINORS FOR WHICH COURSE IS DESIGNED:

Required: _____

Elective: _____

GER LIST(S): _____

INSTRUCTOR RESPONSIBLE FOR COURSE/RANK: ____ Lavon Page _____

ANTICIPATED ENROLLMENT/SEMESTER: ____ Maximum No./Sect.: ____ 200 ____ Multiple Sections: Yes No ____

DOCUMENTATION AS REQUIRED:	
<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	_____
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