

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 \_\_\_ Statistics \_\_\_\_\_

COURSE PREFIX \_\_\_ ST \_\_\_\_\_ NUMBER \_\_\_ 101 \_\_\_\_\_

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

COURSE TITLE \_\_\_ Statistics By Example \_\_\_\_\_

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) \_\_\_ 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: \_\_\_ Dr. Roger Woodard \_\_\_\_\_

ANTICIPATED ENROLLMENT/SEMESTER: \_\_\_ Maximum No./Sect.: \_\_\_ 30 \_\_\_\_\_ Multiple Sections: Yes \_\_\_ No \_\_\_ x \_\_\_

<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