PRINCETON UNIVERSITY
COURSE OFFERINGS
NEW <u>GRADUATE</u> COURSE WORKSHEET

*SUBJECT AREA: ***TERM:**   **CROSS-LISTING:**

*COURSE TITLE: ***COURSE TYPE (Completed by Department Coordinator):**
                                                                                                PRM (Permanent): _____
*COURSE TOPIC (If Topics Course, max 40 characters):   OTO (One Time Only): _____

*TRANSCRIPT TITLE (max. 40 characters):

_____ ***GRADUATE GRADING BASIS:** (Check only one.)

<u>DESCRIPTION</u>
_____   A-F,P,Aud
_____   na, npdf
_____   No Audit
_____   */No Credit
_____   */AUD
_____   No P/D/F
_____   P/D/F Only

_____ **PROFESSOR(S) NAME(S):** (max. 3 instructors)

1.

2.

3.

_____ **ATTRIBUTES:**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>(Y/N)</u>
APPL	By Application or Interview Only	_____
CONR	Required for Concentrators	_____
OFFR	Term Offered FALL SPRING BOTH NOTTYR	
RCR	Responsible Conduct of Research	_____

_____ **REQUIREMENT GROUP:** (Check only one box if requirement group is applicable.)

_____   Not Open to Freshmen
_____   Open to Graduate Students Only
_____   Open to Department Graduate Students Only

_____***DESCRIPTION:** (max. 650 characters)

_____ **COURSE WEB ADDRESS:**

_____ **SAMPLE READING LIST:**
1.   AUTHOR:
       TITLE:

2.   AUTHOR:
       TITLE:

3.   AUTHOR:
       TITLE:

4.   AUTHOR:
       TITLE:

5.   AUTHOR:
       TITLE:

6.   AUTHOR:
       TITLE:

See instructor for complete list.

_____ **OTHER INFORMATION:** (max. 490 characters)

_____ ***REQUIREMENTS/GRADING:** (The elements must total 100%.)

MIDTERM EXAM	%	ORAL PRESENTATION(S)	%
FINAL EXAM	%	PAPER(S)	%
TAKE HOME MID-TERM EXAM	%	TERM PAPER(S)	%
TAKE HOME FINAL EXAM	%	LAB REPORT(S)	%
PAPER IN LIEU OF MIDTERM	%	QUIZZES	%
PAPER IN LIEU OF FINAL	%	PROBLEM SETS	%
OTHER EXAM	%	PROGRAMMING ASSIGNMENTS	%
CLASS/PRECEPT PARTICIPATION	%	OTHER	%
DESIGN PROJECT(S)	%		

_____ **CLASS SCHEDULE:**

COMPONENT(S) (Lecture, Class, etc.)	START TIME	END TIME	DAY(S)	Enrollment Capacity (REQUIRED)

We will do our best to accommodate your request, but please provide a second option just in case.

_____ **RESERVE CAPACITY :** (Complete all that apply. Each group must have its own sequence.)

# of Seats
Reserved For:

Department Graduate Students Only	_____
Open to Concentrators	_____
Graduate Students	_____
Seniors	_____
Juniors	_____
Sophomores	_____
Freshmen	_____
Juniors and Seniors	_____
Freshmen and Sophomores	_____

Submitted By:_____

(Print Name)

Signature:_____ Date:_____

DEPARTMENT/PROGRAM CIS COORDINATOR: DON'T FORGET TO ATTACH THE SYLLABUS AND DEPARTMENT RATIONALE AND HIT THE SUBMIT BUTTON ONCE THE INSTRUCTOR HAS APPROVED THE COURSE PROOF!