

New Course Request

Academic Organization and Curriculum Handbook

College

Course Bulletin Listing -

Course Prefix Course Number Generic course or decimal subdivision?

Full Course Title

Transcript Title

Level Undergraduate
 Graduate

Credit Hours

Proposed Effective Year

Proposed Effective Term

Course Bulletin

Course Description

Terms Offered Quarter(s)
 Autumn
 Winter
 Spring
 Summer
 Summer 1
 Summer 2

Offering Pattern This year Every other year

Distribution of Class Time

Omit distribution of class time from printing?

Prerequisites

Electronic enforcement of prerequisites?

Exclusion or Limiting Clause

Repeatable?

Max Repeatable Credit Hours 4

Cross Listed?

Course part of a sequence?

Grade Option Letter S/U Progress

GEC Course

General Course Information Statement

Off Campus/Field Experience?

EM Credit?

Admission Condition Course?

Offered in Distance Learning Format?

Service Learning?

General Information

Subject (CIP) Code 400201

Subsidy Level G

If you have questions, please contact Jed Dickhaut @ dickhaut.1@osu.edu.

Expected Section Size 10

Proposed Number of Sections Per Year 2

Course time less than 1 full term or Workshop

Off-campus offering?

Required on Major(s)

List of Major Programs Astronomy

Required on Minor(s)

Elective within Major(s)

Elective within Minor(s)

Choice of Major(s)

Choice of Minor(s)

A General Elective

State the need and purpose of the course. Indicate how the course relates to the primary goals of the academic unit/school/college/university.

See attachment.



Indicate the nature of the program adjustments, new funding, and/or withdrawals that make possible the implementation of this new course. Evidence must be given of whether the budget support will come from reallocation of existing resources or from new program funds.

Over the two quarters per year this course is offered, individual faculty members will spend between one and three hours on this class. It has low impact on the faculty and can be accommodated with existing resources.



Is approval of this request contingent upon the approval of other course or curricular requests? Yes No

Please complete and attach the form(s) on the following page before completing the package.

[Course Supplement Form](#)

Course Contact Information

Faculty Name | Marc Pinsonneault

Faculty Email | pinsonneault.1@osu.edu

Contact Name | Marc Pinsonneault

Contact Dept | Astronomy

Contact Email | pinsonneault.1@osu.edu

Contact Phone | 614-292-534

Save

Validate