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|  **GE Course Proposal Cover Sheet** |
| Date:  |
| Submitted by (Name): | Phone: | e-mail: |
| Course Subject:  | Course Number: | Title: | # Units: |
| [ ]  Please check here to indicate that your department/program chair has reviewed this submission.Department/program chair’s name:  |

This document is for proposing courses for incorporation into the University’s General Education program. This document is not a substitute for general University guidelines for new course approval. Please refer to the new course approval form available from the Registrar’s website: <http://sites.laverne.edu/registrar/files/2011/01/New-Course-Approval-Form.pdf>.

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| **Please check the Breadth Area(s) for which you are seeking approval:** A course may not satisfy more than one Breadth Area. For each area below, please obtain the signature from the department chair from the respective area to which you are applying. If there are multiple chairs (Humantities, Creative Expression, and Social Sciences), please obtain two department chair signatures. Please provide a course outline or Course Syllabus to the appropriate department chair for review. |
| **Critical Skills**[ ]  Written Communication A (LVWA)[ ]  Written Communication B (LVWB)[ ]  Quantitative Reasoning[ ]  Oral Communication[ ]  Lifelong Wellness**Areas of Knowledge**[ ]  Humanities[ ]  Social Science[ ]  Life Science[ ]  Physical Science[ ]  Creative Expression**La Verne Experience**[ ]  University Values[ ]  Community Engagement[ ]  University Reflection | Department Chair Signature(s)Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For LVE 400 this form is turned into Cindy Giaimo-Ballard cgiaimo-ballard@laverne.edu