

# New Course Dean Pre-Approval Questions

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Consultation with the Dean or Director early in the curriculum development process contributes to the timely processing of curriculum proposals. Please submit this completed form at least one month prior to the planned curriculum proposal submittal date to ensure adequate time for any needed discussions, or possible revisions and resubmissions.

**Name \***

First Name

Last Name

**Email \***

example@example.com

**Dean/Director \***

**1. What is the title of the course?**

**2. What is the tentative course description? (5 sentences or less)**

**3. How many units are being proposed?**

What is the unit breakdown for lecture, lab, and activity?

**Lecture units**

**Lab units**

**Activity units**

**4. Will this course fit into any existing degrees or certificates?**

- Yes
- No

**Which ones?**

**5. What is the rationale for the course? (If intended for transfer or articulation, then have you consulted the Cuesta College Articulation Officer?)**

**6. How does this course fit into the College Mission?**

**7. Does the course require additional resources?**

- Yes
- No

**If yes, please describe required resources and how they will be funded.**

**8. Does the department currently have faculty that meet the Minimum Qualifications for the proposed Minimum Qualifications Discipline Designation for the course? Please consult Division Chair if unsure.**

- Yes
- No

**9. What will the course cap be, and how will this affect the department's efficiency? Please consult AP 4023 and Division Chair if needed.**

[AP 4023](#) Establishment and Modification of Course Caps

**Course cap:**

**Tentative course cap category**

▼

**How will this affect the department's efficiency?**

**10. Does this course duplicate or overlap an already existing course in any department?  
Please consult with other departments if necessary.**

- Yes
- No

**If yes, please explain:**

**Initial Date of Form Submission:**

Date

**Revision Date (if applicable):**

Date

The following will receive copies of the form when submitted and edited:

- Dean/Director (and assistant)
- Curriculum Committee Chair
- Curriculum Resource Specialist
- Submitting faculty member

**PLEASE USE SUBMIT BUTTON AT BOTTOM OF FORM.**

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**THIS SECTION TO BE COMPLETED BY DEAN/DIRECTOR**

**Pre-Approved**

- Yes
- No

**The following concerns need to be discussed:**

**Dean/Director**

Clear

**Date**

 mm-dd-yyyy

Date

**Faculty:** Use this submit button for initial submissions and any revised submissions.

**Deans/Directors:** Use this submit button for pre-approval and to accept any revised submissions.

