PETITION FOR A NEW, MODIFIED, OR DELETED GRADUATE COURSE
University of Southern Indiana – Office of Graduate Studies

I. Course Number/Title:  Click here to enter text.
II. Originator of Petition:  Click here to enter text.
   Email Address:  Click here to enter text.
   Department/Program:  Click here to enter text.
   College:  Click here to enter text.
   Date:  Click here to enter text.

III. Proposed Action:
   ☐ New Graduate Course
   ☐ Modified Graduate Course
   ☐ Deleted Graduate Course

IV. Rationale for Proposed Action:
   Please provide a brief rationale for the proposed, modified, or deleted course
   Click here to enter text.

V. Additional Materials:
   For new or modified course petitions, please attach a thorough and completed syllabus, including a grading
   scale absent of D or D+ grades, to this completed application and submit to the chair of your college-level
   graduate council (the assistant or associate dean of your college responsible for the college-level council).
   The syllabus should include the number of credit hours, prerequisites, and a course description. For deleted
   course petitions, no additional materials are required.

VI. Signatures and Recommendations (The chair of the college-level council must author a memorandum, not
to exceed one single-spaced page, indicating the rationale for the council’s decision. If the dean or DGS
disagree with the council’s decision, they must author additional memorandums, not to exceed one single-
spaced page, indicating how the proposed curricular action meets or does not meet the established college-
level criteria for graduate curriculum).

_________________________________________  ______________________
Originator                          Date

_________________________________________  ______________________  ______________________
College Council Chair               Date                        Council Recommendation

_________________________________________  ______________________
Dean                                Date                        Dean Recommendation

_________________________________________  ______________________
Director of Graduate Studies         Date                        DGS Recommendation

_________________________________________  ______________________
Provost                             Date                        Provost Decision