

SPD Use Only:
Approval:

Processed By:

Assigned Course #:

## Request to Cross-list/Co-schedule Graduate Courses

Department approval is required from <u>each</u> department for cross-listing and co-scheduling courses.

- If a **new course** needs to be created, please attach a Graduate Course Approval Form with this request and submit it to SPD with all required signatures.
- All cross-list and co-schedule requests **not** connected to new courses can be emailed to spd@stonybrook.edu with each department chair and contact copied.
- If a combination needs to be terminated, please check appropriate box. Please specify if a course needs to be inactivated as a result of the termination.

## Spring DeadlinesSummer/Fall Deadlines10/1 - Revisions3/1- Revisions11/1- Topics & New Courses4/1- Topics & New Courses □ Fall = 8/25/20 □ Spring = 01/01/20 □ Summer = 05/25/20**Effective Date:** ☐ Create a Cross-list ☐ Terminate Cross-list (Complete Section B) ☐ Co-schedule Course #1: (Parent course for cross-listing) Dept. Alpha Department/Course Number: Section A: ☐ Existing Course ☐ Create New Course (request attached) **Section B:** If terminating Cross-List, do you request that Course #1 be inactivated? ☐ Yes ☐ No Phone: \_\_\_\_\_ Contact Name: Department Chair Approval: \_\_\_\_\_ Date: Divisional Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_ (Signature Required for New Courses Only) Course #2: (Non-parent course for cross-listing) Dept. Alpha **Department/Course Number:** Section A: ☐ Existing Course ☐ Create New Course (request attached) **Section B:** If terminating Cross-List, do you request that Course #2 be inactivated? ☐ Yes ☐ No Contact Name: Phone: Department Chair Approval: \_\_\_\_\_\_ Date: \_\_\_\_\_ Divisional Dean Approval: \_\_\_\_\_ Date: (Signature Required for New Courses Only)

Date:

E-mailed Department:

Date:

Revised 8/26/2024