Request to Cross-list/Co-schedule Graduate Courses

Department approval is required from each 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 the Graduate School with all required signatures.
- All cross-list and co-schedule requests **not** connected to new courses can be emailed to Graduate_Course_Catalog@notes.cc.sunysb.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 Deadlines**

| 10/1 – Revisions | 11/1 – Topics & New Courses |

**Summer/Fall Deadlines**

| 3/1 – Revisions | 4/1 – Topics & New Courses |

**Effective Date:**
- □ Fall = 8/25/20
- □ Spring = 01/01/20
- □ Summer = 05/25/20

- □ Create a Cross-list
- □ Terminate Cross-list (Complete Section B)
- □ Co-schedule

### Course #1: (Parent course for cross-listing)

**Department/Course Number:**
- Dept. Alpha
- Course #
- Catalogue #

**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

- Contact Name: ____________________________  Phone: ______________
- Department Chair Approval: ____________________________  Date: _________
- Divisional Dean Approval: ____________________________  Date: _________

(Signature Required for New Courses Only)

### Course #2: (Non-parent course for cross-listing)

**Department/Course Number:**
- Dept. Alpha
- Course #
- Catalogue

**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)

**Graduate School Use Only:**

- Approval: ____________________________  Date: ________
- Processed By: ____________________________  Date: _______
- Assigned Course #: __ __ __ __ __  E-mailed Department: □

Revised 3/29/2011