

**Office of the Registrar  
Minnesota State University, Mankato**

**AUXILIARY COURSE PROPOSAL**

PLEASE NOTE: A course may be offered on an auxiliary basis for a maximum of two times before the department must go through the curriculum committee to have a regular course number assigned.

The following new course is an auxiliary course to be offered for the  first time  second time

during the Term of \_\_\_\_\_.

Department, Course Number and Title: \_\_\_\_\_

\_\_\_\_\_

Credit Hours: \_\_\_\_\_ Instruction Type: \_\_\_\_\_

**NOTE:** 1st digit designates auxiliary course (0); 2nd and 3rd digits indicate the order of such offerings in the Department (01 if first, 02 if second, etc.). For example, 001 would indicate the course is an auxiliary course and that it is the first one in that department.

Course Director/Staff: \_\_\_\_\_

\_\_\_\_\_

Purpose of Offering (Be brief, attach syllabus): \_\_\_\_\_

\_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Assessment of Student Learning/Assignments: \_\_\_\_\_

\_\_\_\_\_

APPROVAL: DEPARTMENT \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson

COLLEGE OF \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Dean

ACADEMIC AFFAIRS

By: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: Academic Vice-President's Office Date: \_\_\_\_\_

Office of the Registrar Date: \_\_\_\_\_