

Bilkent University – New Course Form (This form is used to initiate the creation of a new course. Please do not use this form to request a modification in course attributes.)

Faculty / School			Department			
Course Code Dept. code and course code			Is this a double-code* course? ☐ Yes ☐ No If Yes , course code of the other course: * one course with two different codes, e.g. grad/undergrad versions of the course			
Course Name	English:					
maximum 100 characters	Turkish:					
	Number of hours per week		s per week	Does this course	Will this course have a	
Bilkent Credits : ECTS Credits ** : ** Please submit a student workload document		Online/Hybrid Le		require a classroom	scheduled final exam?	
		Face to Face Led		□ Yes □ No	☐ Yes ☐ No	
		Online Lab/Studio Hours: Face to Face Lab/Studio Hours:				
		Recitation Hours:				
Prerequisites						
Course Description	Please provide the course description on a <u>separate sheet</u> and submit an <u>electronic copy</u> to the Provost Office.					
Syllabus	Please provide the course syllabus on a <u>separate sheet</u> .					
	☐ Lecture ☐ Studio ☐ Laboratory ☐ Project / Senior Project ☐ Independent Study					
Course Type	☐ Seminar (where students are attendees) ☐ Seminar (where students are presenters)					
	☐ Industrial / Summer Training ☐ Thesis / Dissertation					
Please list all the programs for which this course will be in the curriculum.						
- Will be a required course in the curriculum:						
- Will be an elective course in the elective pool of the curriculum:						
please specify the program <u>and</u> the specific elective pool(s)						
Are there any courses that are similar in content and level in the university? \Box Yes \Box No						
If Yes , which course and in which department :						
Reasons for creating this course :						
Textbook and other teaching materials:			Instru	Instructors expected to teach this course:		
Samostar of first afforing :				Expected enrolment for each offering :		
Semester of first offering: Expected enrolment for each offering:						
Frequency of offerings (please check all semesters that the course is to be offered)						
☐ Fall ☐ Spring ☐ Summer ☐ Alternate Years						
Department Chair		Date	Dear	/ School Director	Date	
le this a graduate level source?				Graduate School Director (when applicable) Date		
Is this a graduate level course? ☐ Yes ☐ No If Yes, Graduate School approval is required:						
Office of the Provost Approval Date			Note	S		
Vice-Rector for Student Affairs Approval Date			Note	Notes		
Office of the Registrar Da		Date	Note	Notes		
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