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)

<table>
<thead>
<tr>
<th>Department/Course Number:</th>
<th>Dept. Alpha</th>
<th>Course #</th>
<th>Catalogue #</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th>Department/Course Number:</th>
<th>Dept. Alpha</th>
<th>Course #</th>
<th>Catalogue</th>
</tr>
</thead>
</table>

**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