

BILKENT UNIVERSITY

New Course / Change Course / Terminate Course Request Form

Check one of the following <input type="checkbox"/> NEW Course <input type="checkbox"/> CHANGE Course <input type="checkbox"/> TERMINATE Course	Faculty / School Name _____ Department Name _____ Department Mnemonic Code -----		Course Code <i>Dept No + Course No</i> -----	
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For 'NEW Course' fill in the following section

• **Reasons for this course being added**

• **Is course 'must' or 'elective'?** Must course for dept. Must course for other dept(s)
check all that are applicable Elective course for dept. Elective course for other dept(s)

• **Is there any similar course in the department or other departments?** Yes No
 • If 'Yes', which course and in which department?

• If 'Yes', reason for adding course

• **Semester and year for first offering - Semester** **Year**

• **Frequency of offerings** *check all semesters that the course is planned to be offered*
 Fall Spring Summer Alternate Years

• **Approximate number of students forecasted to take the course in each of its offerings**

• **Course Name** *fill in one letter in each box*

English Name *maximum 80 characters*

Abbreviated English Name *maximum 25 characters*

Turkish Name *maximum 40 characters*

For 'CHANGE Course' or 'TERMINATE Course' give course name

Course Name

Equivalent Course Information (if applicable)

For 'NEW Course' give the course code and course name of the old equivalent course

For 'TERMINATE Course' give the course code and course name of the new equivalent course

Course Code ----- **Course Name** _____

Number of Credits --	Number of course hours Lecture hrs. --	Practical hrs. --	Lab hrs. --
	per week:		

(PLEASE CONTINUE ON OTHER SIDE)

