

## Office of Academic Affairs

**Proposal for Revision of Existing Course**

Department of \_\_\_\_\_

(The proposal should be submitted both in hard copy and electronic form (doc and pdf file) using the format given below before the deadlines of submission (Odd semester (proposal submission by March 15) / Even Semester (proposal submission by October 15)). The hard copy is to be sent to the Academic Office and the soft copy to be emailed to Office of Academic Affairs ([office\\_aa@iiserbpr.ac.in](mailto:office_aa@iiserbpr.ac.in)) with a cc to Coordinator Academic Affairs ([caa@iiserbpr.ac.in](mailto:caa@iiserbpr.ac.in)).

Course Title			
Course No		Department Only:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of submission			
Credits:			
For:	BS-MS (Dual Degree) <input type="checkbox"/> Integrated Ph.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/>		
Proposers:			
Pre-requisites, if any	Course code. to be enforced as a mandatory pre-requisite and entered in online registration system:..... Or Desired pre-requisite (if any) for taking the course.....		
Others interested faculty:			
Effective from:	Semester I/II of Academic year 20...		

**Details of the course revision**

	Existing	Proposed
Course No.		
Structure (please see clause 6.1 in BSMS manual and course contents)	Lec:    Lab:    Tut:    SS:    Credits:	Lec:    Lab:    Tut:    SS:    Credits:
Learning Objectives:	(Add separate sheet, if required)	(Add separate sheet, if required)
Course Contents:	(Add separate sheet, if required)	(Add separate sheet, if required)
Selected Readings: (Texts and References (including e- books and research articles))	(Add separate sheet, if required)	(Add separate sheet, if required)

Type (tick $\checkmark$ as appropriate)	Core/Professional/Department Elective / Open Elective	Core/Professional/Department Elective / Open Elective
Justification for revision:		
(Add separate sheet, if required)		
Existing course(s), offered by the same or other Departments which may have significant overlap with the proposed revised course:		
Any Other information (Please specify)		
Name and Signature of course proposers with date:		
(At least two Instructors)		
(i) Instructor(s):		
(ii) Alternative instructor(s):		

The above proposal followed by the recommendations of the External experts/Senate members/Subject expert(s) appointed by Director is found to be acceptable by the DUGC/DPGC in its meeting held on \_\_\_\_\_ . The committee recommended the revision of the existing course for consideration of CoAA/DoAA and Director/Chairperson Senate.

Convener, DPGC/DUGC	FIC/HoD
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**Recommendation of External experts/Senate members/Subject expert(s) appointed by the Director (optional)**

Description (Add separate sheet, if required)	Description (Add separate sheet, if required)
<b>Name and signature of Member-1</b>	<b>Name and signature of Member-2</b>

**For Use of Academic Section**

Recommended/Not Recommended to Senate Chairperson	Coordinator/Dean, Academic Affairs
Recommended//Not Recommended for the approval/ratification by the Senate	
Director/Chairperson Senate	