

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND
LAS DESIGNATION

(Please Attach A Syllabus)

Department: _____ Course Number: _____

Title: _____

Semester Hours: _____ (No. of clock hours if different from credit hours)

Please indicate below how this course will fulfill the following criteria:

- Historical Perspective:

- Theoretical Considerations:

- Relational-Complexity:

- Breadth of Knowledge:

- Inquiry-Analysis:

- Critical Examination:

- Ethical Perspective:

- Independent Learning:

(For LAS designation, five of the eight categories must be fulfilled.)

Approved:

Associate Dean, School of Arts & Sciences _____

Date _____

Associate Dean, School of Professional Studies _____

Date _____

Associate Dean, School of Education _____

Date _____

Provost & Vice President for Academic Affairs _____

Date _____