



COVER SHEET FOR ALL CURRICULUM PROPOSALS

Check all Campuses making this proposal.		ALL Proposals	New Programs/Courses		
		PC Signature	CEO Signature <i>(CEO signature needed for all <u>new</u> programs and any new courses that have new facility/resource costs associated with the course)</i>	New Program Approval Supplement B <i>(“Budget” included for each campus)</i>	New Program Approval Section 6 <i>(“Cost Effectiveness and Resources” included for each campus)</i>
<input type="checkbox"/>	ACC				
<input type="checkbox"/>	CCC				
<input type="checkbox"/>	GWCC				
<input type="checkbox"/>	HCC				
<input type="checkbox"/>	MCC				
<input type="checkbox"/>	MxCC				
<input type="checkbox"/>	NVCC				
<input type="checkbox"/>	NWCC				
<input type="checkbox"/>	NCC				
<input type="checkbox"/>	QVCC				
<input type="checkbox"/>	TRCC				
<input type="checkbox"/>	TxCC				

Type of Proposal.

<input type="checkbox"/>	NEW Program (<i>degree</i>)
<input type="checkbox"/>	NEW Certificate
<input type="checkbox"/>	NEW Course
<input type="checkbox"/>	
<input type="checkbox"/>	MODIFICATION of an Aligned Program (<i>degree</i>)
<input type="checkbox"/>	MODIFICATION of an Aligned Certificate
<input type="checkbox"/>	MODIFICATION of an Aligned Course
<input type="checkbox"/>	
<input type="checkbox"/>	DISCONTINUATION of a Program (<i>degree</i>)
<input type="checkbox"/>	DISCONTINUATION of a Certificate
<input type="checkbox"/>	DISCONTINUATION of a Course
<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (<i>please describe</i>):

CT State Community College - NEW Course Proposal

This template should be used by faculty to create an official record of a course for inclusion in the CT State Community College catalog.

Directions: Please provide the date, name of originator, title, and campus below.

Date:	Primary Campus of Originator:
Name of Originator:	Title of Originator:

COURSE TITLE: Title to appear in the catalog (note: Banner has a 30-character limit)	
COURSE CODE: Proposed 3-4-letter subject code and number. (Note: Please include the LEGACY code, number, and equivalency, if this course was previously offered at one or more of our twelve legacy campuses.)	
ACADEMIC PROGRAM(s): Delineate to which academic program(s) the course will be applied	
PURPOSE: Delineate how this course applies within the stated academic program	General Education Requirement: _____ Program Requirement: _____ Program Elective: _____
CREDIT HOURS: Number of credits awarded for successful completion of course	
CONTACT HOURS: Number of hours of instruction time (i.e., hours of contact between students and instructor)	Lecture: _____ Lab: _____ Clinical: _____ Other (e.g., studio): _____

BILLING HOURS: Number of credits for which students are charged	
ADDITIONAL FEES Check all that apply	<input type="checkbox"/> Supplemental Course Fee Level 1 <input type="checkbox"/> Supplemental Course Fee Level 2 <input type="checkbox"/> Advanced Manufacturing Course Fee <input type="checkbox"/> Material Fee <input type="checkbox"/> Other: <input type="checkbox"/> None
WORKLOAD HOURS: Number of hours used to determine faculty workload	
PREREQUISITE(s): Courses for which students must be eligible and/or courses that must be completed (with minimum grade specified) to enroll	Permission of Honors Program Coordinator
COREQUISITE(s): Courses in which students must be concurrently enrolled	
COURSE DESCRIPTORS: For example: General Education course (include category), Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)	
CATALOG COURSE DESCRIPTION: The description to appear in the catalog	

<p>STUDENT LEARNING OUTCOMES:</p> <p>The student learning outcomes for the course should be assessable (e.g., consistent with Bloom's taxonomy) and aligned with program outcomes (where applicable).</p>	<p>Upon successful completion of this course, the student will:</p>
<p>TOPICS OUTLINE:</p> <p>The instructional units in which the above outcomes will be taught and assessed.</p>	<p>List Instructional units:</p>
<p>SUGGESTED TERMS OFFERED</p> <p>Please check all that apply</p>	<p> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer </p>

<p>SUGGESTED COURSE MODALITIES</p> <p>Please check all that apply. Note: Where it serves student needs, all CT State courses may be offered in all modalities.</p>	<p><input type="checkbox"/> On-ground</p> <p><input type="checkbox"/> Online (ONLN and/or LRON)</p> <p><input type="checkbox"/> Hybrid</p> <p><input type="checkbox"/> FLEX</p> <p><input type="checkbox"/> Other (specify):</p>
<p>ADDITIONAL INFORMATION:</p> <p>If applicable, include any special instructions or requirements (e.g., field work or background check required) as well as any recommended texts or materials (e.g., open-source materials)</p>	
<p>CLASSROOM REQUIREMENTS</p> <p>*Note: If classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.</p> <p><i>(e.g., Computer lab, Kitchen, Science lab, Studio, Lecture)</i></p>	

Resource needs have been discussed with Library Services and Information Technology Operations. (Complete if applicable.)

Name and Title	Signature of Originator	Date

- ☐ No Library Services needed.
- ☐ No Technology Services needed.

CT State Community College - NEW Course Proposal

GOVERNANCE BODY	SIGNATURES	DATE
Statewide Discipline Council	<i>P. J. Zet -</i>	
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		