CT STATE
COMMUNITY COLLEGE

COVER SHEET FOR ALL CURRICULUM PROPOSALS

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

Type of Proposal.

	NEW Program (*degree)*
	NEW Certificate
	NEW Course
	MODIFICATION of an Aligned Program (*degree*)
	MODIFICATION of an Aligned Certificate
	MODIFICATION of an Aligned Course
	DISCONTINUATION of a Program (*degree*)
	DISCONTINUATION of a Certificate
	DISCONTINUATION of a Course
	OTHER (*please describe*):

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	☐ Supplemental Course Fee Level 1 ☐ Supplemental Course Fee Level 2 ☐ Advanced Manufacturing Course Fee ☐ Material Fee ☐ Other: ☐ 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	

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

SUGGESTED COURSE MODALITIES Please check all that apply. Note: Where it serves student needs, all CT State courses may be offered in all modalities.	☐ On-ground ☐ Online (ONLN and/or LRON) ☐ Hybrid ☐ FLEX ☐ Other (specify):
ADDITIONAL INFORMATION: 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)	
CLASSROOM REQUIREMENTS ***Note: If classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.** *(e.g., Computer lab, Kitchen, Science lab, Studio, Lecture)*	

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.

GOVERNANCE BODY	SIGNATURES	DATE
Statewide Discipline Council	*P. signature*	
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		