

COVER SHEET FOR ALL CURRICULUM PROPOSALS

Cl	neck all	ALL Proposals	New Pr	ograms/Courses	
	mpuses	DC/PC Signature	CEO Signature	New Program	New Program
n	naking		(CEO signature needed for all <u>new</u>	Approval	Approval Section 6
	this		<u>programs</u> and any new courses that	Supplement B	("Cost Effectiveness and
pr	oposal.		have new facility/resource costs	("Budget" included	Resources" included for
			associated with the course)	for each campus)	each campus)
	ACC				
	CCC				
	GWCC				
	HCC				
	TICC				
	MCC	Mary Holland			
	MxCC	0			
	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):



Modification of an Existing Aligned Course

This template should be used by the faculty discipline and program workgroups to modify an official record of a course for inclusion in the CT State Community College catalog. All original information as approved should be included, with revisions highlighted within the document and summarized in the "Summary of Changes." Please use the form below, or the original approved template with revisions highlights can be copied here, with a summary of changes and effective date included and all changes highlighted within the document.

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

Date:			
Name of Originator:			
COURSE INFORMATION	(Aligned)	COURSE INFORMATION (Modified)
COURSE TITLE:		COURSE TITLE:	
COURSE CODE:		COURSE CODE:	
(3-4-letter subject code and number)		(3-4-letter subject code and number)	
SUMMARY OF CHANGES:		SUMMARY OF CHANGES:	
EFFECT DATE OF CHANGES:		EFFECT DATE OF CHANGES:	

CREDIT HOURS:	CREDIT HOURS:	
CONTACT HOURS:	CONTACT HOURS:	
PREREQUISITES:	PREREQUISITES:	
Student must have earned an acceptable grade in all prerequisites before enrolling COREQUISITES:	Student must have earned an acceptable grade in all prerequisites before enrolling COREQUISITES:	
Student must be enrolled in this course during the same term.	Student must be enrolled in this course during the same term.	
COURSE DESCRIPTORS:	COURSE DESCRIPTORS:	
For example: General Education course, Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)	For example: General Education course, Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)	
CATALOG COURSE DESCRIPTION:	CATALOG COURSE DESCRIPTION:	
DESCRIPTION.		

STUDENT LEARNING OUTCOMES:	Upon success completion of this course the student will:	STUDENT LEARNING OUTCOMES:	Upon success completion of this course the student will:
TOPICS OUTLINE:	List Instructional units:	TOPICS OUTLINE:	List Instructional units:
ADDITIONAL INFORMATION (OPTIONAL): Note any special instructions, recommended texts, or materials (e.g., open-source materials)		ADDITIONAL INFORMATION (OPTIONAL): Note any special instructions, recommended texts, or materials (e.g., open-source materials)	

CLASSROOM REQUIREMENTS	CLASSROOM REQUIREMENTS *Note: If modified 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)	(e.g., Computer lab, Kitchen, Science Lab, Studio, Lecture)	
esource needs have been discussed with Library S	ervices and Information Technology Operations. (Complete if applicable	e.)
esource needs have been discussed with Library S Name and Title	ervices and Information Technology Operations. (Complete if applicable Signature of Originator	Date
Name and Title		·
•		·
Name and Title No Library Services needed.		·
Name and Title No Library Services needed. No Technology Services needed. GOVERNANCE BODY	Signature of Originator	Date
Name and Title No Library Services needed. No Technology Services needed.	Signature of Originator	Date

School Area Academic Dean

*Campus CEO (if applicable)

*CT State President (if applicable)

CT State Provost