



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>):



Modification of an 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: _____

Title of Originator: _____

Primary Campus of Originator: _____

COURSE INFORMATION (Aligned)

COURSE TITLE:		COURSE TITLE:	
COURSE CODE: (3-4-letter subject code and number)		COURSE CODE: (3-4-letter subject code and number)	
SUMMARY OF CHANGES:		SUMMARY OF CHANGES:	
EFFECT DATE OF CHANGES:		EFFECT DATE OF CHANGES:	

COURSE INFORMATION (Modified)

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

<p>CLASSROOM REQUIREMENTS</p> <p>(e.g., Computer lab, Kitchen, Science Lab, Studio, Lecture)</p>	<p>CLASSROOM REQUIREMENTS</p> <p>*Note: If modified classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.</p> <p>(e.g., Computer lab, Kitchen, Science Lab, Studio, Lecture)</p>
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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		
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		