

## **COVER SHEET FOR ALL CURRICULUM PROPOSALS**

Check all Campuses making this proposal.		ALL Proposals	New Programs/Courses			
		PC Signature	CEO Signature	New Program	New Program	
			(CEO signature needed for all <u>new</u> <u>programs</u> and any new courses that have new facility/resource costs associated with the course)	Approval Supplement B ("Budget" included for each campus)	Approval Section 6 ("Cost Effectiveness and Resources" included for each campus)	
	ACC					
	CCC					
	GWCC					
	HCC					
	MCC					
	MxCC					
	NVCC					
	NWCC					
	NCC					
	QVCC					
	TRCC		3			
	TxCC					

## Type of Proposal.

LEGACY Program (degree or certificate) to be aligned under CT State
LEGACY Course to be aligned under CT State
NEW Program (degree or certificate)
NEW Course
MODIFICATION of an Existing Aligned Program (degree or certificate)
MODIFICATION of an Existing Aligned Course
<b>DISCONTINUATION</b> of a Program (degree or certificate)
<b>DISCONTINUATION</b> 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.

<b>Directions</b> : Please provide the date, name of original	inator, title, and campus below.
Date:	
Name of Originator:	
Title of Originator:	
Primary Campus 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:	
CREDIT HOURS:	CREDIT HOURS:	
CONTACT HOURS:	CONTA CT HOUDS.	
CONTACT HOURS:	CONTACT HOURS:	
PREREQUISITES:	PREREQUISITES:	
r rerequisites:	r rereguisites:	
Student must have earned an acceptable grade in all prerequisites before enrolling	Student must have earned an acceptable grade in all prerequisites before enrolling	
COREQUISITES:	COREQUISITES:	
COREQUISITES.	COREQUISITES.	
Student must be enrolled in this course	Student must be enrolled in this course	
during the same term	during the same term	
COURSE DESCRIPTORS:	COURSE DESCRIPTORS:	
COCKSE DESCRIPTORS.	COURSE DESCRIPTIONS.	
For example: General Education course, Clinical, Lab, Studio,	For example: General Education course, Clinical, Lab, Studio,	
Distance Learning, Seminar, Practicum.	Distance Learning, Seminar, Practicum.	
Use designated codes: (once developed)	Use designated codes: (once developed)	
CATALOG COURSE	CATALOG COURSE	
DESCRIPTION:	DESCRIPTION:	

OUTCOMES:	the student will:	OUTCOMES:	Upon success completion of this course the student will:
TOPICS OUTLINE:	List Instructional units:	TOPICS OUTLINE:	List Instructional units:
ADDITIONAL INFORMATION (OPTIONAL): any special instructions, recommended texts, or materials (e.g., open-source materials)		ADDITIONAL INFORMATION (OPTIONAL): 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  Name and Title	Services and Information Technology Operations. (Complete if applicab	le.)
<ul><li>☐ No Library Services needed</li><li>☐ No Technology Services needed</li></ul>		
GOVERNANCE BODY	SIGNATURES	DATE
Statewide Discipline Council		
School Area Curriculum Council		

Curriculum Congress

CT State Provost

School Area Academic Dean

\*Campus CEO (if applicable)

\*CT State President (if applicable)