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.

	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
	DISCONTINUATION of a Program (*degree or certificate*)
	DISCONTINUATION of a Course
	OTHER (*please describe*):

CT STATE
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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: _____

Title of Originator: _____

Primary Campus of Originator: _____

COURSE INFORMATION (Aligned)

COURSE INFORMATION (Modified)

COURSE INFORMATION (Aligned)		COURSE INFORMATION (Modified)	
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:**	

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): 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)	

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)		