



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 programs</u> 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"/>	LEGACY Program (<i>degree or certificate</i>) to be aligned under CT State
<input type="checkbox"/>	LEGACY Course to be aligned under CT State
<input type="checkbox"/>	
<input type="checkbox"/>	NEW Program (<i>degree or certificate</i>)
<input type="checkbox"/>	NEW Course
<input type="checkbox"/>	
<input type="checkbox"/>	MODIFICATION of an Existing Aligned Program (<i>degree or certificate</i>)
<input type="checkbox"/>	MODIFICATION of an Existing Aligned Course
<input type="checkbox"/>	
<input type="checkbox"/>	DISCONTINUATION of a Program (<i>degree or certificate</i>)
<input type="checkbox"/>	DISCONTINUATION of a Course
<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (<i>please describe</i>):

CT State Community College - DISCONTINUATION of an Aligned Course

This template should be used to create an official record of a course proposed for exclusion from the CT State Community College catalog.

Directions: <i>Please provide the date, name of originator, title, and campus below.</i>	
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: 3-4-letter subject code and number (include cross-listed code & number if applicable)	
CREDIT HOURS: Number of credits awarded for successful completion of course	
EXPECTED DATE OF DISCONTINUATION: By what date is this course to be excluded from the catalog.	
PROGRAM(S) IN WHICH THIS COURSE IS CURRENTLY REQUIRED: List each degree or certificate in which this course is currently required.	
TEACH OUT STRATEGY: <i>If applicable, describe how students currently enrolled will be provided opportunities to complete the program in which this course is required.</i>	

NARRATIVE: Narrative <i>Please consider whether discontinuation: a) occurs in the context of a related academic improvement, e.g., the merging of programs with declining enrollment/completions into a new program that effectively addresses relevant state needs and students' interests; b) emerge as a result of the periodic Academic Program Review for all programs, under the guidance of existing BOR policy; c) other considerations such as redirecting capacity, adoption of new mission, etc. Provide any quantitative information in support of the discontinuation, including any relevant financial information.</i>	
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GOVERNANCE BODY	SIGNATURE	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)		