



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**

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.

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)		