

# **COVER SHEET FOR ALL CURRICULUM PROPOSALS**

Ch	neck all	ALL Proposals	New Programs/Courses		
Ca	mpuses	PC Signature	CEO Signature	New Program	New Program
n	naking		(CEO signature needed for all <u>new</u>	Approval	Approval Section 6
	this		programs and any new courses that	Supplement B	("Cost Effectiveness and
pr	oposal.		have new facility/resource costs	("Budget" included	Resources" included for
-			associated with the course)	for each campus)	each campus)
	ACC				
	CCC				
	GWCC	Claine Lickteig, MS, RDN			
	HCC				
	MCC				
	MxCC				
	NVCC				
	NWCC				
	NCC				
	QVCC				
	TRCC				
	TxCC				

# Type of Proposal.

	NEW Program (degree)
	NEW Certificate
	NEW Course
	MODIFICATION of an Aligned Program (degree)
	MODIFICATION of an Aligned Certificate
Х	MODIFICATION of an Aligned Course
	DISCONTINUATION of a Program (degree)
	<b>DISCONTINUATION</b> of a Certificate
	<b>DISCONTINUATION</b> of a Course
	OTHER (please describe):



# **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: 8/2/23	-	
Name of Originator: Elaine Lickteig	_	
Title of Originator: Program Coordinator	_	
Primary Campus of Originator: Gateway		

## **COURSE INFORMATION (Aligned)**

## **COURSE INFORMATION (Modified)**

COURSE TITLE:	Food Management	COURSE TITLE:	Food Management
COURSE CODE: (3-4-letter subject code and number)	NTRN 1005	COURSE CODE: (3-4-letter subject code and number)	NTRN 1005
SUMMARY OF CHANGES:		SUMMARY OF CHANGES:	Rewording prereq for clarity
EFFECT DATE OF CHANGES:		EFFECT DATE OF CHANGES:	1/24

CREDIT HOURS:	3	CREDIT HOURS:	3
CONTACT HOURS:	3	CONTACT HOURS:	3
PREREQUISITES:	Prereq is currently MATH 0989	PREREQUISITES:	Change prereq to eligible for MATH 1002
Student must have earned an acceptable grade in all prerequisites before enrolling <b>COREQUISITES:</b>		Student must have earned an acceptable grade in all prerequisites before enrolling COREQUISITES:	
Student must be enrolled in this course during the same term.		Student must be enrolled in this course during the same term.	
COURSE DESCRIPTORS:	Program course	COURSE DESCRIPTORS:	Program course
For example: General Education course, Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)		For example: General Education course, Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)	
CATALOG COURSE DESCRIPTION:	Introduces principles of institutional food service management. Includes fundamentals of menu planning, recipe standardization, purchasing, production, equipment, quality control, marketing, and use of computers in food service.	CATALOG COURSE DESCRIPTION:	Introduces principles of institutional food service management. Includes fundamentals of menu planning, recipe standardization, purchasing, production, equipment, quality control, marketing, and use of computers in food service.

STUDENT LEARNING OUTCOMES:	Upon success completion of this course the student will: Same		Upon success completion of this course the student will:  Same
TOPICS OUTLINE:	List Instructional units: Same	TOPICS OUTLINE:	List Instructional units: Same
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)	

CLASSROOM REQUIREMENTS	Same	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.	Same
(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.				

 $\hfill \square$  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)		