

COVER SHEET FOR ALL CURRICULUM PROPOSALS

Cam		ALL Proposals New Programs/Courses			
	npuses	PC Signature	CEO Signature	New Program	New Program
making			(CEO signature needed for all <u>new</u>	Approval	Approval Section 6
t	this		<u>programs</u> and any new courses that	Supplement B	("Cost Effectiveness and
proposal.			have new facility/resource costs	("Budget" included	Resources" included for
			associated with the course)	for each campus)	each campus)
	ACC				
	CCC				
	GWCC	A			
		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)
	DISCONTINUATION of a Certificate
	DISCONTINUATION 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	<u>.</u>		
Primary Campus of Originator: Gateway			

COURSE INFORMATION (Aligned)

COURSE INFORMATION (Modified)

COURSE TITLE:	Nutrition Internship I	COURSE TITLE:	Nutrition Internship I
COURSE CODE: (3-4-letter subject code and number)	NTRN 2095	COURSE CODE: (3-4-letter subject code and number)	NTRN 2095
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 HOSP 1109	PREREQUISITES:	Change prereq to HOSP 1109* with valid ServSafe certification through internship
Student must have earned an acceptable grade in all prerequisites before enrolling COREQUISITES:		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:	Internship	COURSE DESCRIPTORS:	Internship
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 basic skills and competencies in the delivery of food and nutrition care through classroom theory, clinically supervised practice and simulations/hands-on lab. Students are required to complete 150 hours of supervised practice in food service, clinical and/or community nutrition programs.	CATALOG COURSE DESCRIPTION:	Introduces basic skills and competencies in the delivery of food and nutrition care through classroom theory, clinically supervised practice and simulations/hands-on lab. Students are required to complete 150 hours of supervised practice in food service, clinical and/or community nutrition programs.

STUDENT LEARNING OUTCOMES:	Upon success completion of this course the student will: Same	STUDENT LEARNING OUTCOMES:	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	*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.		

☐ 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)		