



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</u> programs 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	<i>Elaine Licktaig, MS, RDN</i>			
<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"/>	NEW Program (<i>degree</i>)
<input type="checkbox"/>	NEW Certificate
<input type="checkbox"/>	NEW Course
<input type="checkbox"/>	
<input type="checkbox"/>	MODIFICATION of an Aligned Program (<i>degree</i>)
<input type="checkbox"/>	MODIFICATION of an Aligned Certificate
<input checked="" type="checkbox"/>	MODIFICATION of an Aligned Course
<input type="checkbox"/>	
<input type="checkbox"/>	DISCONTINUATION of a Program (<i>degree</i>)
<input type="checkbox"/>	DISCONTINUATION of a Certificate
<input type="checkbox"/>	DISCONTINUATION of a Course
<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (<i>please describe</i>):



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 TITLE:	Nutrition Internship I
COURSE CODE: (3-4-letter subject code and number)	NTRN 2095
SUMMARY OF CHANGES:	Rewording prereq for clarity
EFFECT DATE OF CHANGES:	

COURSE INFORMATION (Modified)

COURSE TITLE:	Nutrition Internship I
COURSE CODE: (3-4-letter subject code and number)	NTRN 2095
SUMMARY OF CHANGES:	Rewording prereq for clarity
EFFECT DATE OF CHANGES:	1/24

CREDIT HOURS:	3	CREDIT HOURS:	3
CONTACT HOURS:	3	CONTACT HOURS:	3
PREREQUISITES: Student must have earned an acceptable grade in all prerequisites before enrolling	Prereq is currently HOSP 1109	PREREQUISITES: Student must have earned an acceptable grade in all prerequisites before enrolling	Change prereq to HOSP 1109* with valid ServSafe certification through internship
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)	Internship	COURSE DESCRIPTORS: For example: General Education course, Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)	Internship
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)	

