# CT STATE
## COMMUNITY COLLEGE

# COVER SHEET FOR ALL CURRICULUM PROPOSALS

| Check all Campuses making this proposal. | ALL Proposals | New Programs/Courses | | |
|---|---|---|---|---|
| | PC Signature | CEO Signature *(CEO signature needed for all new programs and any new courses that have new facility/resource costs associated with the course)* | New Program Approval Supplement B *("Budget" included for each campus)* | New Program Approval Section 6 *("Cost Effectiveness and Resources" included for each campus)* |
| ACC | | | | |
| CCC | | | | |
| GWCC | | | | |
| 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 |
| | **MODIFICATION** of an Aligned Course |
| | |
| | **DISCONTINUATION** of a Program (*degree*) |
| | **DISCONTINUATION** of a Certificate |
| | **DISCONTINUATION** of a Course |
| | |
| | **OTHER** (*please describe*): |

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## Modification of an Aligned Certificate

This template should be used by the faculty discipline and program workgroups to modify an official record of a below threshold certificate change. 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: | Primary Campus of Originator: |
| Name of Originator: | Title of Originator: |

**ALIGNED**  **MODIFIED**

| **Credit Certificate Program Name**: | **Credit Certificate Program Name**: |
|---|---|
| **Summary of Changes**: | |
| **Effective Date of Changes:** | |

| Certification Description: | Certification Description: |
|---|---|
| **Certificate Learning Outcomes:** Upon successful completion of all program requirements, graduates will be able to: | **Certificate Learning Outcomes:** Upon successful completion of all program requirements, graduates will be able to: |

| Certificate Program Requirements (ALIGNED) | | | | | Certificate Program Requirements (MODIFIED) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Course Number | Course Name | # of Credits | Pre-Req Course # | Co-Req Course # | Course Number | Course Name | # of Credits | Pre-Req Course # | Pre-Req Course # |
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|  |  |  |  |  |  |  |  |  |  |
| **Certificate Total Credits** |  |  |  |  | **Certificate Total Credits** |  |  |  |  |

**Important Note**: For a certificate program to be eligible for federal Pell/Title IV funding it has to include at least 16 credits and be at least one academic year in duration. In addition, it is important to document what students will gain from the certificate in terms of skills, outcomes, and potential opportunities for transfer and employment.

**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) | | |