**PROPOSAL FOR CHANGE OF AN**

**EXISTING COURSE**

1. Division: Choose an item.

1. Department: Choose an item.
2. Current course prefix, number and title: Click or tap here to enter text.
3. Type of Change – ONLY complete items to be changed.
   1. *(If the only change is a course description, the change does not need to be approved by the Curriculum Committee, but if the course description is changing along with other items below, please include it.)*

|  |  |
| --- | --- |
| **Existing** | **Proposed** |
| Course Prefix: | Course Prefix: |
| Number: | Number: |
| Credit Hours: | Credit Hours: |
| Title: | Title: |
| Pre-requisite: | Pre-requisite: |
| Enrollment by Assessment or other measure? | Enrollment by Assessment or other measure? |
| Co-requisite(s): | Co-requisite(s): |
| Pre- or Corequisite: | Pre- or Co-requisite: |
| Consent of the Instructor? | Consent of the Instructor? |
| **Contact Hours** | **Contact Hours** |
| Lecture Hours per week: | Lecture Hours per week: |
| Seminar Hours per week: | Seminar Hours per week: |
| Lab Hours per week: | Lab Hours per week: |
| Clinical Hours per week: | Clinical Hours per week: |
| Clinical Practicum hours per week: | Clinical Practicum hours per week: |
| Internship Hours per week: | Internship Hours per week: |
| Other Hours: | Other Hours: |
| **Delivery Method** | **Delivery Method** |
| Lecture: Seminar: Lab:  Clinical: Clin. Pract:  Internship: | Lecture: Seminar: Lab:  Clinical: Clin. Pract:  Internship: |
| Course Description: | Course Description: |

1. This course intended to be (check all that apply):

Transfer (AA or AS)

AAS: Click or tap here to enter text.

Certificate: Click or tap here to enter text.

Vocational Skills Course

Remedial/Developmental

Continuing Education (credit)

IAI Equivalent (must have articulations before approval)

1. This course has been articulated:  Yes  No  Not Applicable
2. Proposed effective date for change: Choose an item. Choose an item.
3. Thereafter, the course will be offered:  Fall  Spring  Summer
4. The following information provided by the originator(s) is attached:

Rationale for changing the course (including appropriate documentation of student/employer need, advisory committee minutes, etc.)

Course outline including student learning objectives, performance expectations, assessment strategies, and assessment grid.

Three articulation agreements for transfer courses as provided by the Transfer Coordinator, if IAI course

Budget implications, equipment, software, materials, and space modifications (as appropriate)

Documentation of review by the Dean

Comments both from the division in which the course will be offered and any division that would be affected by changing the course.

Submitted by: Click or tap here to enter text. Date Submitted: Click or tap to enter a date.

Reviewed by Dean: Click or tap here to enter text.

Committee Approval: Date Approved:

Approved by VPAA: Date Approved: