**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: