



Internal Curriculum Change

Date: _____ **Program:** _____

Course being reviewed: _____

Submitted by: _____

Curriculum Change Type - *check all that apply and include a current and revised syllabus outline for all changes.*

_____ **New Course** – Course Number and Title: Attach a Common Course Outline (CCO) to this document. Please also provide a brief rationale for the proposal of a new course to the academic catalog and how you intend to market this new course.

_____ **Course De-Activation** – Course Number and Title: _____
Please provide a brief rationale for de-activation of the course.

_____ **Change in Course Description** – attach the old description and draft of the new course description to this document

_____ **Course Name Change**

Current Name: _____

Proposed Name: _____

Rationale:

_____ **Course Hours Allocation Change**

_____ Current Hour Structure _____ Proposed Hour Structure

Lab:

Lecture:

Credits:

Rationale:

_____ **Course Content Change** – provide a new CCO highlighting areas of change and a brief rationale for the content.

_____ **Pre-requisite Change**

Current Prerequisite:

Proposed Prerequisite:

Rationale for change:

_____ **Course Sequence Change** – submit a current program map and a proposed program map as an attachment to this proposal.

_____ Does this change affect other programs within the College?

_____ **Yes** – please explain

_____ **No** – be sure to confirm you are not offering the same course in a different semester than when it is currently offered.

___ **Course Learning Outcomes Change** – submit a new CCO identifying which outcomes are changing and a brief rationale for the change.

What term will this proposed change go into effect? _____

Does the Advisory Committee support this proposal? Yes No NA

Internal Signature Approvals

Department Chair: _____

Registrar: _____

Director of Financial Aid: _____

Other: _____

VPASA: _____

_____ Approved

_____ Approved with changes:

_____ Not Approved

Committee Chair: _____