

CURRICULUM COMMITTEE COURSE ADDITION FORM

DATE:
DEPARTMENT CHAIR:
DEPARTMENT:
DISCIPLINE WHERE COURSE RESIDES:
(CHECK ALL THAT APPLY)

- ADD A NEW COURSE TO THE COURSE INVENTORY**
 ADD A NEW COURSE TO THE CATALOG
(Attach Course Syllabus and Learning Outcomes)

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|---|
| Course Title: |
| Course Prefix: |
| Course Number: |
| Course Description: |
| Course Prerequisites: |
| Course REM Levels: R _____ E _____ M _____ |
| Lecture Hours: |
| Lab Hours: |
| Other Type Hours: |
| Semester Credit Hours: |
| Total Contact Hours: |
| Core Course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, date approved by Core Curriculum Committee: |
| Program(s) this course will support: |
| Replacing a Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify course: |
| Will this be taught by existing and budgeted faculty positions? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will this course require special equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and address availability or need to purchase special equipment. |
| CIP Code Number _____ Lab Fees _____ Insurance _____ Other Fees _____ |
| Effective Date (Semester/Year): |
| Standard Enrollment Capacity for the course: |
| Instruction Method (choose from: clinical, internet, lecture, lab, practicum, online, or co-op): Please list all that apply. |
| Registration Restrictions other than pre-requisites (i.e. Music majors only, etc): |

Signature indicates approval:

Department Chair: _____

Date: _____

Dean: _____

Date: _____

Curriculum Committee Approval: Yes No

Date: _____

Curriculum Committee Chair: _____

Date: _____

Executive Vice President/CAO: _____

Date: _____

Distribution of Copies by the Office of Executive VP/CAO: (Original remains with Office of Executive VP/CAO)

Curriculum Committee Website

Division Dean

Financial Aid Director

Registrar

Department Chair