

# Del Mar College - Curriculum Change Request Form

## Curriculum and Academic Standards

ADM 129 08 1

For information purposes only:

ACGM Change    WECM Change

### PART 1: COURSE CHANGE REQUEST

Submitted by: \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

**OPTION 1:  Requesting Approval to Make Changes to Existing Course**

#### CURRENT COURSE INFORMATION

Current Course Title: \_\_\_\_\_ Course Prerequisites: \_\_\_\_\_ Core Course:  Yes  No Levels: \_ R \_ E \_ M

CIP No.	Course Prefix	Course Number	Lecture Hours	Lab Hours	Other Type Hours	Semester Credit Hours	Total Contact Hours
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#### REQUESTED CHANGES

(Check all that apply and complete the changes in the applicable sections with correct information.)

Change Course Title: \_\_\_\_\_  Change Course Prerequisites: \_\_\_\_\_ Levels: \_ R \_ E \_ M  
 Add to Core:  Yes  No

CIP No.	Course Prefix	Course Number	Lecture Hours	Lab Hours	Other Type Hours	Semester Credit Hours	Total Contact Hours
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Rationale for Changes (Required):

**OPTION 2:  Requesting Approval for a New Course**

New Course to Support Existing Degree Program       New Course to Support NEW Degree Program  
 Degree Program: \_\_\_\_\_ Proposed Course Title: \_\_\_\_\_  
 Proposed Course Prerequisites: \_\_\_\_\_ Levels: \_ R \_ E \_ M  
 Replacing a Course:  Yes  No If Yes, identify course: \_\_\_\_\_ Add to Core:  Yes  No

CIP No.	Course Prefix	Course Number	Lecture Hours	Lab Hours	Other Type Hours	Semester Credit Hours	Total Contact Hours
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Comments (Optional):

**OPTION 3:  REQUESTING APPROVAL to DELETE an EXISTING COURSE**

Current Course Title: \_\_\_\_\_

Rationale for Deleting Course (Required):

**PART 2: REVIEW AND APPROVAL**

**CHAIR**

- I have reviewed the proposal and approve to move forward in the review process (comments optional).  
 I have reviewed the proposal and do not approve to move forward in the review process (comments required).

Chair's Comments (may also attach a memo):

Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEAN**

- I have reviewed the proposal and approve to move forward in the review process (comments optional).  
 I have reviewed the proposal and do not approve to move forward in the review process (comments required).

Dean's Comments (may also attach a memo):

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSOCIATE VICE PRESIDENT OF INSTRUCTION**

- Place on Agenda for the Month of \_\_\_\_\_ Year \_\_\_\_\_  Return to Dean for Additional Information

Associate Vice President of Instruction's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CURRICULUM AND ACADEMIC STANDARDS COMMITTEE REVIEW**

- Request Recommend for Approval as Presented  Request Returned to the Department Chair for Consideration of Concerns Identified by Committee  
 Request Recommended for Approval with Following Minor Modifications Recommended  Request Not Recommended for Approval

Rationale of Committee (Required for Any Item Not Recommended for Approval as Presented):

CASC Committee Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VICE PRESIDENT OF INSTRUCTION**

- Approved  Request Not Approved  
Rationale of Vice President (Required for Any Item Not Approved as Presented):

Vice President of Instruction's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Registrar's Office Processing:**

Lab Fees: \_\_\_\_\_ Insurance Fees: \_\_\_\_\_ Other Fees: \_\_\_\_\_

**Distribution of Copies**

- Office of the Vice President of Instruction (Original File Maintained)  Division Dean  Catalog Editor  Other (specify)  
 Registrar  Department Chair  Financial Aid Director