

Course or Program Change Request for Curriculum Committee Consideration

*Complete information for *each* Roman numeral.

*Use "NA" for "Not Applicable"

Use "NC" for "No Change"

I. Action to be Taken (Check appropriate box(es))

☐ New Course*

☐ Change in Course Description*

☐ Change in Credit Hours*

☐ Change in Course Title or Rubric

☐ Change in Prerequisite(s)

☐ Deletion of Course

☐ New Emphasis or Concentration

☐ Change in Emphasis or Concentration

☐ Number of Hours

☐ Substitution of Courses

☐ Required Courses

☐ Required Electives

☐ Deletion of Emphasis or Concentration

*Attach additional documentation, including course syllabus.

Explain the action proposed if no box is checked, action is not clearly evident, or additional information is necessary to clarify the request.

II. Explain why action is requested.

III. Explain increased or decreased staffing requirements, effect upon budgets--including part-time faculty budget--and enrollment impact.

IV. Current Course As it is Approved Now

Proposed Course Or Changes to Existing Course

☐ Show Any Changes Being Requested or Check If No Change

Rubric

Title

Credit Hours:

Lecture

Lab

Clinical

Prerequisites

Rubric

Title

Credit Hours:

Lecture

Lab

Clinical

Prerequisites

Group Contact Hours: (*Hours student is in attendance*).

Lecture

Lab

Clinical

Faculty Load: (*For most, add credit and contact hours, then divide by 2*).

Lecture

Lab

Clinical

Lecture

Lab

Clinical

Distributive Credits: *If there is a lab or clinical, distributive credits must be assigned to them. And, they must equal the credit hours-For example, in Biology I I I 0, credit and distributive are:*

Credit Hours: Lecture - 4 - Lab - 0

AND

Distributive Hours: Lecture - 3 - Lab - 1

Lecture

Lab

Clinical

Lecture

Lab

Clinical

Current Course Description:

Proposed Course Description :

VI. Does this course fulfill a JSCC General Education requirement?

☐ Yes

Area: _____

☐ No

VII. List all majors or concentrations affected by this change.

Major:

"

"

"

VIII. Is this course eligible for transfer to other institutions?

☐ Yes

☐ No

IX. Date to be effective

Semester: _____

Year _____

Signature required for Curriculum Committee consideration. _____

Dgcp"

Date

Dat