



COVER SHEET FOR ALL CURRICULUM PROPOSALS

| Check all Campuses making this proposal. | ALL Proposals | | New Programs/Courses | |
|--|--------------------------|---|---|--|
| | PC Signature | CEO Signature <i>(CEO signature needed for all <u>new programs</u> and any new courses that have new facility/resource costs associated with the course)</i> | New Program Approval Supplement B <i>(“Budget” included for each campus)</i> | New Program Approval Section 6 <i>(“Cost Effectiveness and Resources” included for each campus)</i> |
| ACC | | | | |
| CCC | | | | |
| GWCC | <i>Giuseppe Vertucci</i> | | | |
| HCC | | | | |
| MCC | | | | |
| MxCC | | | | |
| NVCC | | | | |
| NWCC | | | | |
| NCC | | | | |
| QVCC | | | | |
| TRCC | | | | |
| TxCC | | | | |

Type of Proposal.

| | |
|--------------------------|---|
| <input type="checkbox"/> | NEW Program (<i>degree</i>) |
| <input type="checkbox"/> | NEW Certificate |
| <input type="checkbox"/> | NEW Course |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | MODIFICATION of an Aligned Program (<i>degree</i>) |
| <input type="checkbox"/> | MODIFICATION of an Aligned Certificate |
| <input type="checkbox"/> | MODIFICATION of an Aligned Course |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | DISCONTINUATION of a Program (<i>degree</i>) |
| <input type="checkbox"/> | DISCONTINUATION of a Certificate |
| <input type="checkbox"/> | DISCONTINUATION of a Course |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | OTHER (<i>please describe</i>): |

CT State Community College - NEW Course Proposal

This template should be used by faculty to create an official record of a course for inclusion in the CT State Community College catalog.

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| Directions: <i>Please provide the date, name of originator, title, and campus below.</i> | |
| Date: | Primary Campus of Originator: |
| Name of Originator: | Title of Originator: |

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| COURSE TITLE: Title to appear in the catalog (note: Banner has a 30-character limit) | |
| COURSE CODE: Proposed 3-4-letter subject code and number. (Note: Please include the LEGACY code, number, and equivalency, if this course was previously offered at one or more of our twelve legacy campuses.) | |
| ACADEMIC PROGRAM(s): Delineate to which academic program(s) the course will be applied | |
| PURPOSE: Delineate how this course applies within the stated academic program | General Education Requirement: _____ Program Requirement: _____ Program Elective: _____ |
| CREDIT HOURS: Number of credits awarded for successful completion of course | |
| CONTACT HOURS: Number of hours of instruction time (i.e., hours of contact between students and instructor) | Lecture: _____ Lab: _____ Clinical: _____ Other (e.g., studio): _____ |

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| <p>BILLING HOURS:</p> <p>Number of credits for which students are charged</p> | |
| <p>ADDITIONAL FEES</p> <p>Check all that apply</p> | <p><input type="checkbox"/> Supplemental Course Fee Level 1</p> <p><input type="checkbox"/> Supplemental Course Fee Level 2</p> <p><input type="checkbox"/> Advanced Manufacturing Course Fee</p> <p><input type="checkbox"/> Material Fee</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> None</p> |
| <p>WORKLOAD HOURS:</p> <p>Number of hours used to determine faculty workload</p> | |
| <p>PREREQUISITE(s):</p> <p>Courses for which students must be eligible and/or courses that must be completed (with minimum grade specified) to enroll</p> | |
| <p>COREQUISITE(s):</p> <p>Courses in which students must be concurrently enrolled</p> | |
| <p>COURSE DESCRIPTORS:</p> <p>For example: General Education course (include category), Clinical, Lab, Studio, Distance Learning, Seminar, Practicum. Use designated codes: (once developed)</p> | |
| <p>CATALOG COURSE DESCRIPTION:</p> <p>The description to appear in the catalog</p> | |

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| <p>STUDENT LEARNING OUTCOMES:</p> <p>The student learning outcomes for the course should be assessable (e.g., consistent with Bloom’s taxonomy) and aligned with program outcomes (where applicable).</p> | <p>Upon successful completion of this course, the student will:</p> |
| <p>TOPICS OUTLINE:</p> <p>The instructional units in which the above outcomes will be taught and assessed.</p> | <p>List Instructional units:</p> |
| <p>SUGGESTED TERMS OFFERED</p> <p>Please check all that apply</p> | <p> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer </p> |

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| <p>SUGGESTED COURSE MODALITIES</p> <p>Please check all that apply. Note: Where it serves student needs, all CT State courses may be offered in all modalities.</p> | <p><input type="checkbox"/> On-ground <input type="checkbox"/> Online (ONLN and/or LRON) <input type="checkbox"/> Hybrid <input type="checkbox"/> FLEX <input type="checkbox"/> Other (specify):</p> |
| <p>ADDITIONAL INFORMATION:</p> <p>If applicable, include any special instructions or requirements (e.g., field work or background check required) as well as any recommended texts or materials (e.g., open-source materials)</p> | |
| <p>CLASSROOM REQUIREMENTS</p> <p>*Note: If classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.</p> <p><i>(e.g., Computer lab, Kitchen, Science lab, Studio, Lecture)</i></p> | |

Resource needs have been discussed with Library Services and Information Technology Operations. (Complete if applicable.)

| Name and Title | Signature of Originator | Date |
|----------------|--------------------------|------|
| | <i>Giuseppe Vertucci</i> | |

- No Library Services needed.
- No Technology Services needed.

| GOVERNANCE BODY | SIGNATURES | DATE |
|-------------------------------------|-------------------|-------------|
| Statewide Discipline Council | | |
| School Area Curriculum Council | | |
| Curriculum Congress | | |
| School Area Academic Dean | | |
| CT State Provost | | |
| *Campus CEO (if applicable) | | |
| *CT State President (if applicable) | | |