CT STATE
COMMUNITY COLLEGE

COVER SHEET FOR ALL CURRICULUM PROPOSALS

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

Type of Proposal.

	NEW Program (*degree*)
	NEW Certificate
	NEW Course
	MODIFICATION of an Aligned Program (*degree*)
	MODIFICATION of an Aligned Certificate
	MODIFICATION of an Aligned Course
	DISCONTINUATION of a Program (*degree*)
	DISCONTINUATION of a Certificate
	DISCONTINUATION of a Course
	OTHER (*please describe*):

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

Directions: *Please provide the date, name of originator, title, and campus below.*	
Date:	Primary Campus of Originator:
Name of Originator:	Title of Originator:

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): _____

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

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

SUGGESTED COURSE MODALITIES Please check all that apply. Note: Where it serves student needs, all CT State courses may be offered in all modalities.	☐ On-ground ☐ Online (ONLN and/or LRON) ☐ Hybrid ☐ FLEX ☐ Other (specify):
ADDITIONAL INFORMATION: 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)	
CLASSROOM REQUIREMENTS *Note: If classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.* (e.g., Computer lab, Kitchen, Science lab, Studio, Lecture)	

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

Name and Title	Signature of Originator	Date
	Giuseppe Vertucci	

☐ 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)		