



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				
HCC				
MCC				
MxCC				
NVCC				
NWCC				
NCC				
QVCC				
TRCC				
TxCC				

Type of Proposal.

LEGACY Program (<i>degree or certificate</i>) to be aligned under CT State
LEGACY Course to be aligned under CT State
NEW Program (<i>degree or certificate</i>)
NEW Course
MODIFICATION of an Existing Aligned Program (<i>degree or certificate</i>)
MODIFICATION of an Existing Aligned Course
DISCONTINUATION of a Program (<i>degree or certificate</i>)
DISCONTINUATION of a Course
OTHER (<i>please describe</i>):

CT State Community College - DISCONTINUATION of an Aligned Course

This template should be used to create an official record of a course proposed for exclusion from the CT State Community College catalog.

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:

<p>COURSE TITLE:</p> <p>Title to appear in the catalog (note: Banner has a 30-character limit)</p>	
<p>COURSE CODE:</p> <p>3-4-letter subject code and number (include cross-listed code & number if applicable)</p>	
<p>CREDIT HOURS:</p> <p>Number of credits awarded for successful completion of course</p>	
<p>EXPECTED DATE OF DISCONTINUATION:</p> <p>By what date is this course to be excluded from the catalog.</p>	
<p>PROGRAM(S) IN WHICH THIS COURSE IS CURRENTLY REQUIRED:</p> <p>List each degree or certificate in which this course is currently required.</p>	
<p>TEACH OUT STRATEGY:</p> <p><i>If applicable, describe how students currently enrolled will be provided opportunities to complete the program in which this course is required.</i></p>	

<p>NARRATIVE:</p> <p>Narrative <i>Please consider whether discontinuation: a) occurs in the context of a related academic improvement, e.g., the merging of programs with declining enrollment/completions into a new program that effectively addresses relevant state needs and students' interests; b) emerge as a result of the periodic Academic Program Review for all programs, under the guidance of existing BOR policy; c) other considerations such as redirecting capacity, adoption of new mission, etc. Provide any quantitative information in support of the discontinuation, including any relevant financial information.</i></p>	
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GOVERNANCE BODY	SIGNATURE	DATE
Statewide Discipline Council	<i>Jamilet R. Ortiz</i>	
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		