



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 - LEGACY Course Proposal

This template should be used by faculty to create an official record of a Legacy course for inclusion in the CT State Community College catalog. A completed template must be submitted for every course to be moved to the single 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:

COURSE TITLE: Title to appear in the catalog (note: Banner has a 30-character limit)	Proposed Course Title: _____ Legacy Course Title: _____
COURSE CODE: 3-4-letter subject code and number (include cross-listed code & number if applicable)	Proposed Course Code: _____ Legacy Course Code: _____
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	<input type="checkbox"/> Supplemental Course Fee Level 1 <input type="checkbox"/> Supplemental Course Fee Level 2 <input type="checkbox"/> Advanced Manufacturing Course Fee <input type="checkbox"/> Material Fee <i>(Not sure about this??)</i> <input type="checkbox"/> Other: <input type="checkbox"/> None

<p>WORKLOAD HOURS:</p> <p>Number of hours used to determine faculty workload</p>	
<p>PREREQUISITES:</p> <p>Courses for which students must be eligible and/or courses that must be completed (with minimum grade specified) to enroll</p>	
<p>COREQUISITES:</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>	
<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 (OPTIONAL):</p> <p>The instructional units in which the above outcomes will be taught and assessed (<i>optional</i>).</p>	<p>List Instructional units (optional):</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>
<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 <input type="checkbox"/> Hybrid <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>	

CLASSROOM REQUIREMENTS *Note: If classroom requirements result in increased demand for Budget, Facilities, Equipment, and/or Personnel, the campus CEO must approve this proposal.	 <i>(e.g., Computer lab, Kitchen, Science lab, Studio, Lecture)</i>
---	--

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

Name and Title	Signature of Originator	Date
		

- No Library Services needed
- No Technology Services needed

GOVERNANCE BODY	SIGNATURES	DATE
Statewide Discipline Council		5/3/24
School Area Curriculum Council		
Curriculum Congress		
School Area Academic Dean		
CT State Provost		
*Campus CEO (if applicable)		
*CT State President (if applicable)		