#### Instructions:

1. Refer to the Guidelines for the Presentation of a New Course or Course Change Proposal.
2. Attach a copy of the COURSE SYLLABUS (Note: Refer to [“C&S Sample Syllabus Format”](http://www.acc.commnet.edu/forms/documents/ACC_C_and_SSampleSyllabusformat-12.8.11.doc) document for components).
3. Verify that course descriptors (course code numbers, class maximum, credit hours, prerequisites, etc.), are consistent with College and Board of Regents policies, and current course numbering system.

NOTE: New courses should be proposed at least one year prior to the term in which they will be offered.

|  |  |
| --- | --- |
| 1. **Department:**
 | \_\_\_\_Business, Science, and Careers \_\_\_\_ Liberal Arts\_\_\_\_ Manufacturing |
| 1. **Discipline (ex. Anthropology):**
 |  |
| 1. **Course Code & No. (ex. ANT\* XXX):**
 |  |
| \_\_\_\_\_ Existing Common Course | \_\_\_\_\_ New Common Course |
| 1. **Course Title:**
 |  |
| 1. **Credit/Semester Hours**
 | \_\_\_No. of Credit Hrs. | \_\_\_ No. of Semester Hrs. |
| 1. **Hours (Faculty Work Load):**
 | \_\_\_\_\_ No. of Lecture Hrs. | \_\_\_\_\_ No. of Contact Hrs. | \_\_\_\_\_ No. of Lab Hrs. | \_\_\_\_\_ No. of Studio Hrs. |
| 1. **Prerequisites:**
 | \_\_\_\_\_ Course Code; \_\_\_\_\_ No.; Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Co-requisites:**
 | \_\_\_\_\_ Course Code; \_\_\_\_\_ No.; Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Cross Listed Course:**
 | \_\_\_\_\_ No; \_\_\_\_\_ Yes; Cross Listed Course Code, No., & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Class Maximum:**
 |  |
| 1. **Semester Effective:**
 |  |
| 1. **Frequency Offered**:
 | \_\_\_\_\_ per Semester | \_\_\_\_\_ per Year |
| 1. **Full-time Faculty Member Responsible:**
 |  |
| 1. **Course Description:** (As will appear in the College catalog)
 |  |
| 1. **Course Status:** (Requirement or Elective)**:**
 | 1. List Program(s) and Certificate(s) the course is required for:
2. List Program(s) and Certificate(s) the course is an elective for:
3. Elective categories the course fulfills (e.g., Fine Arts, Humanities, etc.):
 |
| 1. **Delivery Platform:**
 | \_\_\_\_\_ HYBR (Online & Classroom)\_\_\_\_\_ INTN (Internship)\_\_\_\_\_ OLCR (Online with Campus Requirement)\_\_\_\_\_ ONLN (Fully Online)\_\_\_\_\_ TRAD (Classroom) |
| 1. **Course Objectives:**
 |  |
| 1. **Learning Outcomes:**
 |  |
| 1. **Summary of Rationale:**
 |  |
| 1. **Summary of Additional Resources Needed**:
 |  |
| 1. **Additional Student costs (materials, lab fees, etc)**
 |  |
| 1. **Changes needed for web site or catalog:**
 | Website \_\_\_\_\_ No; \_\_\_\_\_ YesCatalogue \_\_\_\_\_ No; \_\_\_\_\_ YesProgram Sheets \_\_\_\_\_ No; \_\_\_\_\_ Yes List Program sheets to be updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Impact on TAP Framework or TAP Pathways:**
 | \_\_\_\_\_ No\_\_\_\_\_ Yes, Describe impact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Impact on existing articulations:**
 | \_\_\_\_\_ No\_\_\_\_\_ Yes, List articulation agreements impacted and how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

25. Additional rationale for course:

* 1. Where does the course fit within the curriculum, mission, and College?
	2. What is the target student population for this course? Include documentation of student need (e.g., local or national reports, student surveys, employer correspondence, etc.) and estimated enrollment.
	3. What is the expected impact of this course (e.g., enrollment in other courses, staffing availability, scheduling of facilities, etc.) on the curriculum and the College?

26. Transfer-in and transfer-out information:

1. Is this course offered at other Connecticut Community Colleges? If so, please list the course prerequisites.

|  |  |  |
| --- | --- | --- |
| **College** | **Offers the Course**(Yes/No) | **Course Prerequisite(s)** |
| Capital |  |  |
| Gateway |  |  |
| Housatonic |  |  |
| Manchester |  |  |
| Middlesex |  |  |
| Naugatuck Valley |  |  |
| Northwestern |  |  |
| Norwalk |  |  |
| Quinebaug |  |  |
| Three Rivers |  |  |
| Tunxis |  |  |

1. What are any potential transfer-in issues of this course from any of the other Connecticut Community Colleges? (Note: This should be answered in concert with the Director of Admissions.)
2. What transfer opportunities are available for this course? Include documentation and status (i.e., open elective, general education requirement, or course equivalent) of 4-year college and university articulations. Include additional institutions that offer transfer opportunities as appropriate for a program/course.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Open Elective**(Yes/No) | **General Education Credit**(Yes/No) | **Course Equivalent**(Indicate Course Code & No.) |
| Central CT State University |  |  |  |
| Eastern CT State University |  |  |  |
| Southern CT State University |  |  |  |
| Western CT State University |  |  |  |
| University of Connecticut |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

27. Additional information for college and student costs.

a) What additional College resources (e.g., equipment, instructional or laboratory supplies, software, library resources, speaker fees, off-campus activity costs, classroom or laboratory space, staffing, transportation, etc.) are required for the course? What budget funds are available to support these needs?

b) What additional student expenses (e.g., technology purchases, additional written materials, personal equipment, special clothing, art or other materials, museum/production or other entrance fees, transportation, etc.) are associated with this course?

28. Proposal participants

a) Proposal submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty Name

 Proposal approved by Curriculum and Standards on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

b) Please list other personnel who have been involved (e.g., faculty colleagues, Program Coordinators, Department Chairs, Counselors, Transfer Counselor, Director of Admissions, Advisory Board members, Registrar, Facilities, personnel at other colleges, etc. ) in developing or reviewing this proposal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Signature** | **Date** | **Comment** |
|  |  |  |  |  |
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**Approvals:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action Taken** | **Signature** | **Date** |
| **Approve** | **Disapprove** |
| **Department:** |  |  |  |  |
| **Curriculum & Standards:** |  |  |  |  |
| **Academic Dean:** |  |  |  |  |
| **President:** |  |  |  |  |

Cc: Registrar (Original)

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Admissions Office (1 copy)