Rowan College SOUTH JERSEY

Curriculum Council Course Form

COURSE CODE: _____	**DATE 1st READING**: _____
COURSE TITLE:	**DATE 2nd READING:** _____
_____	**ADDT'L. READINGS:** _____
REVISED COURSE TITLE:	**APPROVAL DATE:** _____
_____ (if changing)	**EFFECTIVE DATE:** _____

☐ **COURSE REVISION** ☐ **NEW COURSE** (get course code from Academic Services)

☐ **COURSE DEACTIVATION** ☐ **REPLACES** (if applicable)**:** _____

☐ **COURSE REACTIVATION**

COURSE DESCRIPTION:

REVISED COURSE DESCRIPTION (if changing)**:**

PREREQUISITE: _____	**REVISED PREREQUISITE:** _____
CO-REQUISITE: _____	**REVISED CO-REQUISITE:** _____
PRE OR CO-REQUISITE: _____	**REVISED PRE OR CO-REQUISITE:** _____

ATTACHED MASTER SYLLABUS (REQUIRED)? ☐ Yes **ATTACHED INSTRUCTOR SYLLABUS?** ☐ Yes ☐ No

COURSE TYPE and CONTACT HOURS:

# CREDITS: _____	**LECTURE HOURS:** _____	**REMEDIAL:** _____
	LAB HOURS: _____	
TOTAL CONTACTS: _____	**STUDIO HOURS:** _____	**OTHER/SEMINAR:** _____
	CLINICAL/CO-OP HOURS: _____	

Rowan College SOUTH JERSEY

Curriculum Council Course Form

RATIONALE: (use additional pages if necessary)

INITIATOR: _____

INITIATOR SIGNATURE: _____ **DATE:** _____

PRE-REVIEWER 1 SIGNATURE: _____

PRE-REVIEWER 2 SIGNATURE: _____

DEAN SIGNATURE (approving submission)**:** _____ **DATE:** _____

COURSE DEFINITION/RESTRICTIONS:

☐ General Education Elective ☐ Major Only Major Code: _____ ☐ Not Applicable

ELECTIVE CATEGORIES:

☐ Communication	☐ Social Science
☐ Mathematics	☐ Humanities
☐ Science	☐ History
☐ Technology	☐ Diversity

ALL FACULTY & DIVISIONS AFFECTED BY THIS CURRICULUM CHANGE HAVE BEEN CONSULTED. EXPLAIN:

TRANSFERABILITY FORMS ATTACHED: (list universities)

TO BE COMPLETED BY DIVISION DEAN:

OFFERED: ☐ Gloucester ☐ Cumberland ☐ Both	**FEES:** _____
DIVISION NAME: _____	**SELECT APPROPRIATE FEE CODE:** A B C G H I J K O Q R S T W Y
ICN: _____	**MATERIALS:** _____
DIFFERENTIAL FUNDING CODE: _____	**INSURANCE:** ☐ Yes ☐ No (Nursing & Allied Health Only)

Rowan College SOUTH JERSEY

Curriculum Council Course Form

APPROVALS: **DO NOT TYPE BELOW THIS LINE**

ACADEMIC DEAN: _____ **DATE:** _____

COMMITTEE CHAIR (GC): _____ **DATE:** _____

COMMITTEE CHAIR (CC): _____ **DATE:** _____

INTERIM PRESIDENT/PROVOST: _____ **DATE:** _____

PROCESSED BY:

ACADEMIC SERVICES: _____ **DATE:** _____

DISTRIBUTION:

Academic Division Dean	Director(s), Advising
Academic Services	Provost
Committee Chair(s)	Initiator
Bursar	College Scheduler
Financial Aid	**DATE:** _____