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| Rowan College of South Jersey Logo | **Curriculum Committee/Academic Council** **Course Form** |
| Course Code: ABC 101 New Code: (leave blank)Present Course Title:Proposed Course Title:(if changing) | Date 1st Reading: Date 2nd Reading:Approval Date:**Effective Date:**  |
| [ ]  Course Revision | [ ]  New Course (get course code from student records) |
| [ ]  Course Deactivation[ ]  Course Reactivation | [ ]  Replaces (if applicable):  |
|  |  |
| **PRESENT COURSE DESCRIPTION:** |
|  |
| **PROPOSED COURSE DESCRIPTION (if changing):** |
|  |
|  |
| **Current PREREQUISITE:**  | **Proposed PREREQUISITE:**  |
| **Current CO-REQUISITE:**  | **Proposed CO-REQUISITE:**  |
| **Current PRE or CO-REQUISITE:**  | **Proposed PRE or CO-REQUISITE:**  |
| **Attached Master Syllabus?** [ ]  Yes [ ]  No **Attached Instructor Syllabus?** [ ]  Yes [ ]  No |
| **COURSE TYPE and CONTACT HOURS**: |
| # Credits:       | Lecture Hours:      Lab Hours:      Studio Hours:      Clinical/Co-op Hours:       | Remedial:       |
| Total Contacts:       |
| **RATIONALE: (use additional pages if necessary)**  |
|  |
| **Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Initiator (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:****Dean Signature (approving submission) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **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 and Divisions affected by this curriculum change have been consulted. Explain or attach responses.** |
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| **Transferability Forms attached: (list Universities)** |
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| **To be completed by Division Dean:** |
| Campus: Gloucester [ ]  Cumberland[ ] Division Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ICN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Differential Funding Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FEES: Materials: \_\_\_\_\_\_\_\_\_\_ Insurance: [ ]  Yes [ ]  No(Nursing & Allied Health Only)Circle Appropriate Fee Code:  A B C G H I J K O Q R S T W Y |
| **APPROVALS**: |
| Academic Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice President Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed by:  |
| Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DISTRIBUTION:** |
| Academic Division Dean | Director, Advising |
| Academic Services | Provost |
| Curriculum Committee Chair(s) | Initiator  |
| Bursar | College Scheduler |
| Financial Aid  |  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |