|  |  |
| --- | --- |
| **Course Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **New Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Present Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Proposed Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if changing) | **DATE 1st READING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE 2nd READING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ADDT’L. READINGS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APPROVAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EFFECTIVE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  **Course Revision** | [ ]  **New Course** (get course code from Academic Services) |
| [ ]  **Course Deactivation** | [ ]  **Replaces** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| [ ]  **Course Reactivation** |  |
| **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 (REQUIRED)?** [ ]  Yes **Attached Instructor Syllabus?** [ ]  Yes [ ]  No |
| **COURSE TYPE and CONTACT HOURS:** |
| **# Credits:** | **Lecture Hours:****Lab Hours:****Studio Hours:****Clinical/Co-op Hours:** | **Remedial:****Other/Seminar:** |
| **Total Contacts:** |
| **RATIONALE:** (use additional pages if necessary) |
|  |
| **Initiator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Initiator signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_**PRE-REVIEWER 1 SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PRE-REVIEWER 2 SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dean Signature** (approving submission)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_ |

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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 & 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) |
| **APPROVALS**: |
| **Academic Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Chair:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VP Academic Services/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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |