|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COURSE TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CAMPUS**: Gloucester  Cumberland  Both  **Sending Course Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Receiving Course Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **New RCSJ Course Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **DATE 1st READING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE 2nd READING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ADDITIONAL READINGS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **APPROVAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EFFECTIVE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **COURSE TRANSFER** (No changes to title, credits, description) | | | | | |
| **REPLACES** (if applicable/if replacing an active course that course needs to be deactivated) | | | | | |
| **COURSE DESCRIPTION:** | | | | | |
|  | | | | | |
| **PREREQUISITE/CO-REQUISITES:** | | | | | |
| **Cumberland**  **PREREQUISITE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CO-REQUISITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRE or CO-REQUISITE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Gloucester** **PREREQUISITE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CO-REQUISITE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRE or CO-REQUISITE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Attach Master Syllabus (Mandatory) ☐ Yes Attached Instructor Syllabus (Optional) ☐ Yes ☐ No** | | | | | |
| **COURSE TYPE AND CONTACT HOURS:** | | | | | |
| **# Credits:** | **Lecture Hours** (1 credit for each hour per week for 15 weeks): \_\_\_\_\_\_\_  **Lab Hours** (1 credit for every 2 hours per week for 15 weeks): \_\_\_\_\_\_\_ | | | | **Studio/Performance Hours** (1 credit for 2 hours/week for 15 weeks): \_\_\_\_\_\_\_  **Clinical/Co-op/Internship/Field Study/Practicum** (45 hours total for 1 credit) Hours: \_\_\_\_\_\_\_  Remedial |
| **Total Contacts**: |
| **RATIONALE: This course has been approved by the state at one campus and is being offered for students at the other campus**. | | | | | |
| **INITIATOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **INITIATOR SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **COURSE DEFINITION/RESTRICTIONS:** | | | | | |
| General Education Elective  Major Only Major Code: \_\_\_\_\_\_\_\_\_\_ | | | | | |
| **GENERAL EDUCATION CATEGORIES:** | | | | | |
| ☐ Communication  ☐ Mathematics  ☐ Science  ☐ Technology | | ☐ Social Science  ☐ Humanities  ☐ History  ☐ Diversity | | | |
| **TO BE COMPLETED BY DIVISION DEAN AT RECEIVING CAMPUS:** | | | | | |
| **RECEIVING CAMPUS**:  Gloucester  Cumberland | | **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) | | | |
| **GAINFUL EMPLOYMENT (GE) STATUS & PERKINS ELIGIBILITY (related to Title IV Funding):** | | | | | |
| This course **IS** a core or “career” course in a Perkins eligible CTE program and **IS NOT** considered a General Education course.  This course is **NOT** core or “career” course in a Perkins eligible CTE program and **IS** considered a General Education course. | | | | | |
| **APPROVALS:** | | | | | |
| **ACADEMIC DEAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_  (Signature indicates that this course has been presented to and approved by the Division)  **COMMITTEE CHAIR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_  **VP ACADEMIC SERVICES/PROVOST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **PROCESSED BY:** | | | | | |
| **ACADEMIC SERVICES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_  **ADMINISTRATOR NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_  (Once entered into the database notify the appropriate departments and initiators)  **SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **DISTRIBUTION DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |