|  |  |
| --- | --- |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |