

COURSE PROPOSAL FORM

TYPE OF PROPOSAL
<input type="checkbox"/> PERMANENT
<input type="checkbox"/> EXPERIMENTAL

For office use only:

PROPOSING DEPARTMENT:	
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SECOND DEPARTMENT FOR JOINT PROPOSAL:	
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COURSE TITLE: <small>(maximum 50 characters & spaces)</small>	
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COURSE ABBREVIATION: <small>(maximum 20 characters & spaces)</small>	
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COURSE STATUS	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED
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COURSE NUMBER	
Contact Registrar's Office for designated course number	

TYPE NAME OF REGISTRAR CONTACT & GET INITIALS	
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IF THIS IS A REVISED COURSE, CHECK OFF ALL ITEMS BELOW THAT HAVE BEEN CHANGED:
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- | |
|---|
| <input type="checkbox"/> TITLE CHANGE |
| <input type="checkbox"/> CATALOG DESCRIPTION |
| <input type="checkbox"/> NUMBER OF CREDITS |
| <input type="checkbox"/> NUMBER OF HOURS |
| <input type="checkbox"/> PREREQUISITES |
| <input type="checkbox"/> COREQUISITIES |
| <input type="checkbox"/> INSTRUCTIONAL OBJECTIVES |
| <input type="checkbox"/> PERFORMANCE OBJECTIVES |
| <input type="checkbox"/> GRADING STANDARDS |
| <input type="checkbox"/> LIBRARY ARTICULATION |
| <input type="checkbox"/> COMPUTER SOFTWARE ARTICULATION |
| <input type="checkbox"/> CORE COMPETENCIES |
| <input type="checkbox"/> OTHER:
<small>Please specify:</small> |

CREDITS	
PER WEEK:	
CLASSROOM HOURS	
LAB HOURS	
STUDENT HOURS	
FACULTY HOURS	

DO THE LAB HOURS REPRESENT FACULTY HOURS?
<input type="checkbox"/> YES <input type="checkbox"/> NO

IF THE CLASSROOM HOURS & THE NUMBER OF CREDITS ARE NOT IDENTICAL, EXPLAIN THE DIFFERENCE BELOW:

LIBERAL ARTS
<input type="checkbox"/> YES <input type="checkbox"/> NO

URBAN STUDIES
<input type="checkbox"/> YES <input type="checkbox"/> NO

CATALOG DESCRIPTION: (maximum of 500 characters & spaces)

The course description should provide students with a description of the course content and methodology. The reading level of the course should be designed for our student population. Also, since catalog descriptions will be used by other colleges as a basis for granting transfer credits, the description should provide adequate information to guide other colleges in their deliberations.

Course is Required for:

(e.g.: students in the Occupational Therapy program)

Will this course be submitted for Pathways:

- YES
- NO

Was the course experimental?

- YES
- NO

Course is Closed to:

(e.g.: All students not meeting the pre/pre-co/corequisites)

This Course Replaces:

(If it is not a replacement course, write "none".)

Are core competencies and abilities assessed? Yes No

Competencies.	Abilities.
<input type="checkbox"/> Inquiry and Problem Solving	<input type="checkbox"/> Written Communication
<input type="checkbox"/> Integrative Learning	<input type="checkbox"/> Oral Communication
<input type="checkbox"/> Global Learning	<input type="checkbox"/> Digital Communication

Basic skills &/or ESL	Prerequisites	Pre/Corequisites	Corequisites
Reading (e.g., none, CSE095):			
Writing (e.g., none ENA099):			
Mathematics (e.g., none MAT098):			
ESL (e.g., none ESL097, ESL098):			

College-Level Course Prerequisites: List the highest college-level prerequisites within each discipline. Do not include embedded prerequisites for courses in this list- e.g., if ENG102 is a prerequisites, do no list ENG101.

Prerequisites	Pre/Corequisites	Corequisites

Additional Pre/Pre-Co/Corequisites:
Specify Pre/Pre-Co/Corequisite, e.g., Prerequisite EMT Certification; Prerequisite CPR Certification, etc.

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This course will first be offered in : (e.g., Fall 2018)

Proposed maximum class size:

Provide a brief rationale for the proposed course or course revisions.

How many sections per year will this course be offered?

Estimated # of students per year:

Subsequent to the first offering, this course will be offered in the following sessions: (check all that apply)

FALL

SPRING

Grading standards:
Describe how you will assess the work of students in this class. Please be specific when describing types of assessment tools. Please note that the total of all categories (assignments, exams, oral presentations, research papers, etc.) must be 100%. If appropriate, list the number and percentage value of each type of assignment. For example: 3 written quizzes at 10% each = 30%.

Provide information about any government, legal, industrial, and professional requirements or vocational objectives, for which the course is designed.

CATEGORY	%
Total	100%

Indicate if the course is being developed for a grant. If so, provide relevant details.

INSTRUCTIONAL OBJECTIVES:

These objectives should focus on the goals of the proposed course, that is, what the instructor expects to achieve. The instructional objectives must be part of the course outline distributed to students at the beginning of each session. Some examples of beginning phrases which may be used for an instructional objective follow:

During this course, the instructor expects to:

- enable...
- familiarize...
- introduce...
- provide the student with...
- reinforce...

List of instructional objectives:
During this course, the instructor expects to:

PERFORMANCE OBJECTIVES:

These objectives describe, in behavioral terms, what the students should be able to do at the end of the course. Your performance objectives must be part of your course outline and should parallel, if possible, your instructional objectives. Some examples of beginning phrases which may be used for a performance objective follow:

At the conclusion of this course, students will be able to:

- | | |
|-------------------------|---------------|
| analyze ... | identify... |
| compare and contrast... | illustrate... |
| compute... | interpret... |
| define ... | locate... |
| describe... | prepare... |
| draw... | solve... |
| explain... | write.. |

List of performance objectives:
At the conclusion of this course, students will be able to:

INSTRUCTIONAL OBJECTIVES:

PERFORMANCE OBJECTIVES:

COURSE OUTLINE:

Provide a weekly, topical outline that will be used to guide instructors in teaching this course. The weekly topical outline should delineate 12 weeks of instruction and the thirteenth week should be labeled "Final Exam". If a course is designed for a 6 - week session only, the outline should delineate 12 weeks of instruction and the thirteenth week should be labeled "Final Exam".

COURSE OUTLINE (CONTINUED):

COURSE OUTLINE: (CONTINUED):

COURSE OUTLINE: (CONTINUED):

LIBRARY / FACILITIES ARTICULATION

Please give author, title, edition, publisher and date for each book; title and publisher for each periodical title. Provide ISBN or ISSN if easily accessible. For media items, include distributor. After each item, indicate the status as follows: in collection, or recommended for purchase.

#1 TEXTBOOK (S): (Specify STATUS at the end of each entry.)	
AUTHOR (S):	
TITLE:	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AUTHOR (S):	
TITLE:	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AUTHOR (S):	
TITLE:	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase

#2 ADDITIONAL BOOK (S) TO SUPPORT THIS COURSE: (Specify STATUS at the end of each entry.)	
AUTHOR (S):	
TITLE :	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AUTHOR (S):	
TITLE :	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AUTHOR (S):	
TITLE:	
EDITION:	
PUBLISHER:	
DATE:	
ISBN:	
eBook ISBN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase

#3 SUBSCRIPTION DATABASES	
NAME :	
PUBLISHER:	
STATUS: (CHECK ONE)	<input type="checkbox"/> Subscribing <input type="checkbox"/> Recommend
NAME :	
PUBLISHER:	
STATUS: (CHECK ONE)	<input type="checkbox"/> Subscribing <input type="checkbox"/> Recommend
NAME :	
PUBLISHER:	
STATUS: (CHECK ONE)	<input type="checkbox"/> Subscribing <input type="checkbox"/> Recommend

#5 MEDIA ITEMS: (CD's, DVD's, streaming video etc.) (Specify STATUS at the end of each entry.)	
TITLE:	
DISTRIBUTOR	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
TITLE:	
DISTRIBUTOR:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
TITLE:	
DISTRIBUTOR:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
TITLE:	
DISTRIBUTOR:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase

#4 PERIODICALS: (NEWSPAPERS, MAGAZINES, JOURNALS, YEARBOOKS) (Specify STATUS at the end of each entry.)	
<p>Note that the Library will not be able to subscribe to many new periodicals. However, the articles from more and more periodicals appear in the Library's electronic full-text databases.</p>	
PERIODICAL TITLE :	
PUBLISHER:	
ISSN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AVAILABLE IN DATABASE (S)	
PERIODICAL TITLE :	
PUBLISHER:	
ISSN:	
STATUS: (CHECK ONE)	<input type="checkbox"/> In Collection <input type="checkbox"/> Recommend for purchase
AVAILABLE IN DATABASE (S)	

INFORMATION LITERACY:	
<p>The proposer and the library faculty have collaborated on plans for the above listed (and other) resources to be used in activities designed to increase student information literacy.</p>	
TYPE NAME OF LIBRARY FACULTY & OBTAIN INITIALS	
TYPE FACULTY PROPOSER'S NAME AND OBTAIN INITIALS	

Append additional page if necessary:

APPROVAL PAGE:

For all items below, type in the faculty and department names and obtain the initials for each person listed.

PROPOSER(S)	DEPARTMENT(S)	DATE

CHAIRPERSON(S) OF DEPT. CURRICULUM COMMITTEE(S)	DEPARTMENT(S)	DATE

DEPT'L REPRESENTATIVE (S) TO COLLEGE SENATE CURRICULUM COMMITTEE	DEPARTMENT(S)	DATE

DEPARTMENT CHAIRPERSON(S)	DEPARTMENT(S)	DATE

Chair of College Senate Curriculum Committee

_____ Date / /