



Catalog Change Proposal

CCC Document # _____

UCC Document # _____

Proposal Contact

Name: _____ Title: _____

Email: _____ Phone: _____

The proposed changes are to (select one):

- | | |
|---|---|
| be a part of a routine curriculum review. | affect the core curriculum. |
| support a new program. | remove an existing program. |
| support major changes to an existing program. | meet the demand/interest of students. |
| be used for accreditation purposes. | meet professional certification requirements. |
| Other: _____ | |

Justification/Comments:

Create New Course

Edit Existing Course

Delete Existing Course

Course Title:		Course Description:	
Course Prefix:	Course Number:	Credits:	
Catalog Year:	College/School:	Department:	Program:
Course Prerequisites:			
- Can prerequisites be taken concurrently with proposed course?		Yes	No
Course Co-Requisites:			
Is this a cross-listed course?		Yes	No
- If yes, which course(s) does it cross-list with?			
Can course be repeated for credit?		Yes	No
- If yes, how many credits/semester credit hours?			
Student Learning Outcome:			
Grade Mode:			
Normal Grade (A - F)	Credit/Non-Credit	Pass/Fail	
Non-Graded (0-SCH)	Satisfactory/Unsatisfactory		
WIN? Yes No			

Instructional Method:	Face-to-Face	Online (Notify System)	Hybrid	TTVN
Course Type:	Lecture	Practicum	Lab	Clinical
	Internship	Seminar	Studio	Thesis
Class Restriction:	NO Freshman	NO Sophomore	NO Junior	NO Senior
	NO Graduate	NO Doctoral	None	
Level Restriction:	UG ONLY	GR ONLY	Doctoral ONLY	
Field of Study Restriction:	Major ONLY	Minor ONLY	Program ONLY	None
Restrictional Details and Explanation:				
New Program Certification: Has or will this program be submitted to the Higher Education Coordinating Board for consideration?				

Change to (please provide a brief explanation):

Admission Requirements:

Academic Regulations:

Degree Plan:

Major:

Minor:

Certificate:

Course:

Other:

Workflow:

1. Program Coordinator/POC _____ Date: _____
2. Dept. Chair Review _____ Date: _____
3. Registrar _____ Date: _____
4. Dept. Chair Approval _____ Date: _____
5. CCC Chair _____ Date: _____
6. Dean _____ Date: _____
7. UCC Chairs _____ Date: _____
8. UCC _____ Date: _____
9. Provost: _____ Date: _____

Additional Information: