MANCHESTER COMMUNITY COLLEGE

Course Revision Proposal

COURSE INFORMATION

Course/Program Name

COURSE CHANGES

☐ Course Revision (Note: Revision of 20% or greater may not comply with common course numbering.)

☐ Course Title Change

☐ Course Description Change

☐ Course Prerequisite Change:

Original Prerequisite

Proposed Prerequisite

☐ Special Topics Course

REQUIRED

The following items are required when submitting course revision changes:

- Revised course proposal

- Description of Change: Describe the specific change. Please be explicit and fully describe any and all changes. For course changes, please provide language before and after change.

- Justification of Change: Specifically describe the reason(s) for the change.

Department/Division affected by change have discussed this proposal:

☐ Liberal and Creative Arts Division   ☐ Science, Technology, Engineering and Math Division   ☐ Social Science, Business and Professional Careers Division

Course Revision

MANCHESTER COMMUNITY COLLEGE

This form must be accompanied by the Course Revision Proposal cover page.

COURSE INFORMATION

Course Subject	Course Number	Course Title

Meets Common Course Number Criteria

☐ System database has been checked and appropriate colleges contacted (http://www.commnet.edu/academics/ccn)

☐ Using an existing course number and title in the system

☐ Assigning a new number and title

Course Description (This description will appear in the catalog. Include prerequisite, if any, at end of description.)

Credit Hours (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (numerical value used in determination of student status)

Billing Hours (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (number of hours used to calculate tuition)

Lecture Hours (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (number of lecture hours)

Lab Hours (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (number of lab hours)

Other Hours (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (e.g., number of studio hours)

Workload Units (select one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____ (number of hours used to calculate instructor contract)

Designation: ☐ Required Program(s): _____

☐ Optional Program(s): _____

Does this course fulfill General Education* requirement? ☐ Yes ☐ No

If yes, indicate knowledge area: ☐ Art ☐ English ☐ Humanities ☐ Interdisciplinary Studies ☐ Math ☐ Physical/Natural Sciences ☐ Social Sciences
☐ Creativity (TAP)** ☐ Global Knowledge (TAP)**

* General Education courses must be accompanied by the General Education Certification proposal form
** TAP courses must be accompanied by TAP General Education cover sheet

FACILITIES AND OTHER RESOURCES REQUIRED FOR THIS COURSE

Classroom Requirements   ☐ Standard Classroom   ☐ Science Lab   ☐ Computer Lab   ☐ Dedicated Math Lab   ☐ Language Lab

☐ Other (please specify): _____

Software Required (please specify):_____

Other Resources (please specify):_____

OTHER COURSE INFORMATION

Prerequisites

Text Recommendations

Course Objectives. Upon successful completion of this course, the student should be able to:

Instructional Units

Instructional Units

OTHER COURSE INFORMATION (CONTINUED)

Recommended Enrollment	Rationale for Recommended Enrollment

The following **other** Divisions/Departments/Faculty affected have discussed this proposal/revision

Discussed with	Dept/Division
Discussed with	Dept/Division
Discussed with	Dept/Division

REQUIRED

Submitted By:

First Name	MI	Last Name	Submission Date

Department	Division

Approvals:

Department /Program	Date
Curriculum	Date
Academic Senate	Date
Academic Dean	Date

Revision Date

The date of this revision proposal(s): use for course revisions only.

Effective Date

This is the date that the new course or proposed changes will take effect. Note that catalog changes for any given academic year **must be approved by the Academic Senate by March of the preceding year.**