MANCHESTER COMMUNITY COLLEGE

New Course Proposal

This form is also used for Creativity or Global Knowledge TAP General Education proposals.

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

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.**