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| **School or Division** | Choose an item. |
| **Program or Certificate** | List name of program or certificate |
| **Proposed by (faculty only)** | List faculty name(s) |
| **Presenter (faculty only)** | List faculty name(s) |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and be resubmitted for a later date. |
| **Submission date** | Click here to enter a date. |
| **Current course prefix, number, and title** | List current course prefix, number, and complete title as listed in the college catalog |
| All Curriculum proposals require approval of the Curriculum Committee and the Interim Provost for Academic Affairs. Final approval or denial of a proposal is reflected on the completed and signed proposal. |
|[ ]  Approve |[ ]  Do Not Approve |  |
|  |  |
| *Curriculum Committee Chair Signature* |  | *Date* |
| [ ]  | Approve | [ ]  | Do Not Approve |  |
|  |  |
| *Interim Provost for Academic Affairs Signature* |  | *Date* |
|  |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. |
|[ ]  Reviewed |  |
|  |  |
| *Office of Accountability & Effectiveness Signature* |  | *Date* |

**Section I, Important Dates and Endorsements Required**

**nOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Interim Provost for Academic Affairs’ Office.

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| **Term in which approved action will take place** | Choose an item. |
| **Provide an explanation below for the requested exception to the** effective **date.** |
| Type in the explanation for exception. |

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| **Any exceptions to the term start date requires the signatures of the Academic Dean and Interim Provost for Academic Affairs prior to submission to the Dropbox.** |
| **Dean**  | **Signature** | **Date** |
| Type name here |  |  |
| **Interim Provost for Academic Affairs** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Type name here | Click here to enter a date. |
| **Academic Dean or Interim Provost for Academic Affairs** | Type name here | Click here to enter a date. |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Type in all applicable faculty names here  |

**Section II, Proposed Changes**

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| **Change to course prefix and number**Lecture/lab course combined must include “C” / lab course must include “L” | List new course prefix and number |
| **Do any of the changes affect the AA focus? (If so, a Change of Program proposal is also needed.)** |  [ ]  Yes  [ ]  No |
| **Provide justification for the proposed prerequisite(s).** |  |
| **Change to course title** | List new course title |
| **Does the Course Title Change affect other courses? (Ex: If Guitar I becomes Intro to Guitar, should Guitar II become Guitar I?)** |  |
| **Change of School, Division, or Department** | List new school, division, or department |
| **Change to course prerequisite(s) and minimum grade(s) (must include minimum grade if higher than a “D”)** | From: To: |
| **Change to course co-requisites** | From:To: |
| **Provide justification for the proposed co-requisite(s).** |  |
| **Is any co-requisite for this course listed as a co-requisite on its paired course?**(Ex. CHM 2032 is a co-requisite for CHM 2032L, and CHM 2032L is a co-requisite for CHM 2032) | Choose an item.List the co-requisite |
| **Change to course credits or clock hours** | From: To: |
| **Change to contact hours (faculty load)** | From: To: |
| **Are the Contact hours different from the credit/lecture/lab hours?** |  |
| **Change to grade mode** | Choose an item. |
| **Change to credit type** | Choose an item. |
| **Change to course description** (provide below) |
| Type in entire new course description here |

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| **Change to general topic outline** (type in entire new outline below) |
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**Change to Learning Outcomes:** For information purposes only.

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| **IV.  Course Competencies, Learning Outcomes and Objectives****A.**  **General Education Competencies and Course Outcomes**1. Integral *General Education Competency or competencies*: 2.  Supplemental *General Education Competency or competencies*: **B.** **In accordance with Florida Statute 1007.25 concerning the state’s general education core course requirements, this course meets the general education competencies for *….***Part B would only be included in the course outlines of those courses are included in the FSW Catalog as a General Education Core Course. If this is not a core course, then outline letter C would become B. **C.** **Other Course Objectives/Standards** |

**Section III (must complete each item below)**

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| **Should any major restrictions be listed on this course? If so, select "change" and list the appropriate major restriction codes or select no change.** | Choose an item.List applicable major restriction codes |
| **Change course to an “International or Diversity Focus” course?** | Choose an item. |
| **Change course to a General Education course?** | Choose an item. |
| **Change course from General Education to non-General Education?** | Choose an item. |
| **Change course to a Writing Intensive course?** | Choose an item. |
| **Change course from Writing Intensive to non-Writing intensive?** | Choose an item. |
| **Change course to repeatable?**(A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3 credit hour course can be repeated 1 time and a student can earn a maximum of 6 credits). \*Not the same as Multiple Attempts or Grade Forgiveness | Choose an item.If repeatable, list maximum number of credits  |

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| **Impact of Change of Course Proposal** |
| **Will this change of course proposal impact other courses, programs, departments, or budgets?** | Choose an item. |
| **If the answer to the question above is “yes”, list the impact on other courses, programs, or budgets?** | List impacts here |
| **Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below.** |
| Provide detail information here |

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| **Impact of Change of Course Proposal** |
| **Will this change of course proposal impact library services or budgets?** | Choose an item. |
| **If the answer to the question above is “yes”, list the impact on other courses, programs, or budgets?** | List impacts here |
| **Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below.** |
| Provide detail information here |

**Section IV, Justification for proposal**

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| **Provide justification (below) for each change on this proposed curriculum action.**  |
| Type in justification here |