1. **Subject:       *(enter the four letter subject/rubric code)***
2. **Course #:**
3. **Term Effective:**
4. **Semester change effective:       *enter semester code, eg. 201710***
5. **Course Title:**
6. **Type of course**: [ ] Academic [ ] Technical **CIP CODE:**
7. **Briefly state the purpose for making this change:**
8. **Semester Credit Hours**: **Proposed       Current**
9. **Weekly Contact Hours:** **Lecture   Lab    External**

 **Total Contact Hours:** **Proposed       Current**

1. **Special fee required**. $      **Lab fee** $

 **Justification of new fees**:

1. **Change in** **Prerequisite(s) Courses** *(also, include level of TSI readiness required here)***:**

 **Change in** **Corequisite(s) Courses**:

 **Change in** **Co-Enrolled Courses:**

1. **Current course description (verbatim):**

 **New course description (if changed per ACGM/WECM verbatim)**:

1. **Change to Student Learning Outcomes (as described in the ACGM/WECM verbatim)**:
2. **Do you wish this course to be included in the core curriculum?** [ ]  Yes [ ]  No

 *If yes, attach the Core Curriculum Competencies form to the document.*

1. **Effect the proposed course change will have on the existing curriculum**:

1. **Effect the proposed course change will have on any existing course offered by another** **division**:
2. **Will the proposed change affect the transferability of the course?** [ ]  Yes [ ]  No

  *If yes, attach the course transfer form with identified changes.*

1. **Impact on** **faculty, equipment, classroom, laboratory, library or computer resources etc. driven by change**:

1. **Additional or new** f**inancial resources required to change the course**:

1. **Estimate of any change in student enrollments and group(s) served**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Fall** | **Spring** | **Other (Mini/ Summer)** | **Annual Total** |
|  |  |  |  |

**Preparer(s):**

|  |  |  |
| --- | --- | --- |
| *Signature*  | *Title* | *Date* |
|  |  |  |
|  |  |  |

**Reviewed and approved:**

|  |  |  |
| --- | --- | --- |
| *Signature*  | *Title* | *Date* |
|  | *CRT Chair*  |  |
|  | *Department Head*  |  |
|  | *Assistant Academic Dean*  |  |
|  | *Academic Dean* |  |

*This material was presented to the Curriculum Committee and approved on*

*and is eligible for inclusion in the Blinn College catalog and class schedule on*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Vice Chancellor, Academic Affairs /Vice Chancellor Student Services and Administration / Date*

**Attachments (required):**

Master Course Syllabus and Signature Form

Course Transfer Form

Library Resources Form

**Attachments (if applicable):**

Core Curriculum Competencies Form