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. College *(check one)*: **Academic College**  **CE - Continuing Education**  **TS – Applied Science**
7. Division: *(check one)*:  **ANS**  **HU**  **HS**  **MBET**  **SS**  **VPAK**  **TP**
8. Department:      *eg. Psychology*
9. CIP CODE:       *(enter the six digit CIP code)*
10. Pre-Requisite Waiver Code:  **Academic Advisor**  **Dean**  **HS**  **Dept.**  **Registrar**
11. Semester Credit Hours: \_\_\_\_\_\_\_\_\_
12. Lecture Hours \_\_\_\_\_\_Lab Hours \_\_\_\_\_\_Other Hours \_\_\_\_\_\_\_
13. Total Contact Hours:

14. Reason for proposal, succinctly state the purpose for this course:

15. Special fee proposed $      Lab fee $

16. Justification of new fees:

17. List Prerequisite(s) Courses: *(also, include level of TSI readiness required here)*:

List Corequisite(s) Courses:

List Co-Enrolled Courses:

18. Catalog description of proposed course (ACGM/WECM verbatim):

19. Student Learning Outcomes for proposed course (ACGM/WECM verbatim):

20. 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.*

21. Is this course replacing an existing course(s)  Yes  No

If Yes, specify which one(s) by: Rubric, Course Number, Course Title

If Yes, indicate the last semester to teach the current course:

22. Effect the proposed course will have on the existing curriculum:

23. Effect the proposed course will have on any existing course offered by another

division:

24. Faculty, equipment, classroom, laboratory, etc. needed for proposed course:

25. Financial resources required to offer the course:

26. Estimate of 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 (insert date here).*

*This information is eligible for inclusion in the Blinn College catalog and class schedule on (insert date here).*

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*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