

COURSE CODE: _____ NEW CODE: _____ PRESENT COURSE TITLE: _____ PROPOSED COURSE TITLE: _____ <small>(if changing)</small>	DATE 1st READING: _____ DATE 2nd READING: _____ ADD'T'L. READINGS: _____ APPROVAL DATE: _____ EFFECTIVE DATE: _____
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COURSE REVISION

 NEW COURSE (get course code from Student Records)

COURSE DEACTIVATION

 REPLACES (if applicable): _____

COURSE REACTIVATION

PRESENT COURSE DESCRIPTION:

PROPOSED COURSE DESCRIPTION (if changing):

CURRENT PREREQUISITE: _____	PROPOSED PREREQUISITE: _____
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CURRENT CO-REQUISITE: _____	PROPOSED CO-REQUISITE: _____
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CURRENT PRE OR CO-REQUISITE: _____	PROPOSED PRE OR CO-REQUISITE: _____
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ATTACHED MASTER SYLLABUS? Yes No

 ATTACHED INSTRUCTOR SYLLABUS? Yes No

COURSE TYPE and CONTACT HOURS:

# CREDITS: _____	LECTURE HOURS: _____	REMEDIAL: _____
	LAB HOURS: _____	
	STUDIO HOURS: _____	OTHER/SEMINAR: _____
TOTAL CONTACTS: _____	CLINICAL/CO-OP HOURS: _____	

RATIONALE: (use additional pages if necessary)

INITIATOR: _____

INITIATOR SIGNATURE: _____

DATE: _____

DEAN SIGNATURE (approving submission): _____

DATE: _____

COURSE DEFINITION/RESTRICTIONS:

General Education Elective Major Only Major Code: _____ Not Applicable

ELECTIVE CATEGORIES:

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Humanities |
| <input type="checkbox"/> Science | <input type="checkbox"/> History |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Diversity |

ALL FACULTY & DIVISIONS AFFECTED BY THIS CURRICULUM CHANGE HAVE BEEN CONSULTED. EXPLAIN:

TRANSFERABILITY FORMS ATTACHED: (list universities)

TO BE COMPLETED BY DIVISION DEAN:

OFFERED: Gloucester Cumberland Both

FEES: _____

DIVISION NAME: _____

SELECT APPROPRIATE FEE CODE:
A B C G H I J K O Q R S T W Y

ICN: _____

MATERIALS: _____

DIFFERENTIAL FUNDING CODE: _____

INSURANCE: Yes No
(Nursing & Allied Health Only)

APPROVALS:

ACADEMIC DEAN: _____ DATE: _____

COMMITTEE CHAIR: _____ DATE: _____

VP ACADEMIC SERVICES/PROVOST: _____ DATE: _____

PROCESSED BY:

ACADEMIC SERVICES: _____ DATE: _____

DISTRIBUTION:

Academic Division Dean	Director(s), Advising	
Academic Services	Provost	
Committee Chair(s)	Initiator	
Bursar	College Scheduler	
Financial Aid		DATE: _____