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| Rowan College of South Jersey Logo | | | **Curriculum Committee/Academic Council**  **Course Form** | |
| Course Code:  Present Course Title:  Proposed Course Title:  (if changing) | | | Date 1st Reading:  Date 2nd Reading:  Approval Date:  **Effective Date:** | |
| Course Revision | | | New Course (get course code from student records) | |
| Course Deactivation  Course Reactivation | | | Replaces (if applicable): | |
|  | | |  | |
| **PRESENT COURSE DESCRIPTION:** | | | | | |
|  | | | | | |
| **PROPOSED COURSE DESCRIPTION (if changing):** | | | | | |
|  | | | | | |
|  | | | | | |
| **Current PREREQUISITE:** | | **Proposed PREREQUISITE:** | | | |
| **Current CO-REQUISITE:** | | **Proposed CO-REQUISITE:** | | | |
| **Current PRE or CO-REQUISITE:** | | **Proposed PRE or CO-REQUISITE:** | | | |
| **Attached Master Syllabus?**  Yes  No **Attached Instructor Syllabus?**  Yes  No | | | | | |
| **COURSE TYPE and CONTACT HOURS**: | | | | | |
| # Credits: | Lecture Hours:  Lab Hours:  Studio Hours:  Clinical/Co-op Hours: | | | Remedial: | |
| Total Contacts: |
| **RATIONALE: (use additional pages if necessary)** | | | | | |
|  | | | | | |
| **Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Initiator (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Dean Signature (approving submission) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

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| **Course Definition/Restrictions:** | | | | | | |
| General Education Elective | | Major Only  Major Code: \_\_\_\_\_\_\_\_ | | Not Applicable | | |
| **Elective Categories:** | | | | | | |
| Communication |  | | Social Science | |  | |
| Mathematics |  | | Humanities | |  | |
| Science |  | | History | |  | |
| Technology |  | | Diversity | |  | |
| **All Faculty and Divisions affected by this curriculum change have been consulted. Explain or attach responses.** | | | | | |
|  | | | | | |
| **Transferability Forms attached: (list Universities)** | | | | | |
|  | | | | | |
| **To be completed by Division Dean:** | | | | | |
| Campus: Gloucester  Cumberland  Division Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ICN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Differential Funding Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | FEES: Materials: \_\_\_\_\_\_\_\_\_\_    Insurance:  Yes  No  (Nursing & Allied Health Only)  Circle Appropriate Fee Code:    A B C G H I J K O Q R S T W Y | | |
| **APPROVALS**: | | | | | |
| Academic Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Vice President  Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Processed by: | | | | | |
| Administrator,  Records/Student Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **DISTRIBUTION:** | | | | | |
| Academic Deans | | | Director, Advising | | |
| Administrator, records/Student Data | | | Director, Student Affairs | | |
| Administrator, Web and Portal Systems | | | Public Relations | | |
| Bursar | | | Registrar | | |
| Curriculum Committee Chair  Faculty Senate | | | Initiator  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |