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|  | **Intercampus Course Transfer** |
| Course Title:Campus: Sending [ ]  Cumberland [ ]  Gloucester Receiving [ ]  Cumberland [ ]  GloucesterSending Course Code: Receiving Course Code:New RCSJ Course Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Approval Date:**Effective Date:**  |
| [ ]  Course TRANSFER (no changes to title, credits, description) |
| [ ]  Replaces (if applicable/ if replacing an active course that course needs to be deactivated):  |
|  |  |
| **COURSE DESCRIPTION:** |
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| **Prerequisites/Co-requisites** |
| CumberlandPREREQUISITE: CO-REQUISITE:PRE or CO-REQUISITE: | GloucesterPREREQUISITE: CO-REQUISITE: PRE or CO-REQUISITE: |
| **Attach Master Syllabus (Mandatory)** [ ]  Yes [ ]  No **Attached Instructor Syllabus (Optional)** [ ]  Yes [ ]  No |
| **COURSE TYPE and CONTACT HOURS**: |
| # Credits:       | Lecture Hours (1 credit for each hour per week for 15 weeks): \_\_\_\_\_\_\_Lab Hours (1 credit for every 2 hours per week for 15 weeks): \_\_\_\_\_\_\_  | Studio/Performance Hours (1 credit for 2 hours/week for 15 weeks): \_\_\_\_\_\_\_\_\_Clinical/Coop/Internship/Field Study/Practicum (45 hours total for 1 credit) Hours: \_\_\_\_\_\_\_ Remedial: [ ]  Yes \_\_\_\_\_\_\_ |
| Total Contacts: \_\_\_\_\_\_ |
| **RATIONALE:** |
| **This course has been approved by the state at one campus and is being offered for students at the other campus.** |
|  |
| **Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Initiator (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Course Definition/Restrictions:** |
| General Education Elective [ ]  | Major Only [ ]  | Major Code: \_\_\_\_\_\_\_ |
| **General Education Categories:** |
| [ ]  Communication |  | [ ]  Social Science |  |
| [ ]  Mathematics |  | [ ]  Humanities |  |
| [ ]  Science  |  | [ ]  History |  |
| [ ]  Technology |  | [ ]  aDiversity |  |
| **To be completed by Division Dean at receiving campus** |
| Receiving Campus: [ ]  Cumberland [ ]  GloucesterDivision Name: \_\_\_\_\_\_\_\_ICN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Differential Funding Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FEES: Materials: \_\_\_\_\_\_\_\_\_\_ Insurance: [ ]  Yes [ ]  No(Nursing & Allied Health)Circle Appropriate Fee Code:  A B C G H I J K O Q R S T W Y \_\_\_ |
| **Gainful Employment (GE) Status & Perkins Eligibility (related to Title IV Funding)** |
| [ ]  This course IS a core or “career” course in a Perkins eligible CTE program and IS NOT considered a General Education course [ ]  No, the course is NOT core or “career” course in a Perkins eligible CTE program and IS considered a General Education course  |
| **APPROVALS**: |
| Academic Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The Dean signature indicates that this course has been presented to and approved by the Division | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic Council/Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice President Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed by:  |
| Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Once entered into the database notify the appropriate departments and the initiators.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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