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|  | | | **Intercampus Course Transfer** | |
| Course Title:  Campus: Sending  Cumberland  Gloucester  Receiving  Cumberland  Gloucester  Sending 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): | | | | |
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| **COURSE DESCRIPTION:** | | | | | |
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| **Prerequisites/Co-requisites** | | | | | |
| Cumberland  PREREQUISITE:  CO-REQUISITE:  PRE or CO-REQUISITE: | | Gloucester PREREQUISITE:  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.** | | | | | |
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| **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  Gloucester  Division 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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