Submission Process

Please refer to the steps below when filling out your form and sending it through the appropriate personnel. Check off the boxes for the tasks below and get initials from the responsible parties at each step. If processing electronically, retain copies of approval emails at each step. This process can take up to 8 weeks after final approval (and signature) by Program Assistant/Chief Academic Officer.

🞎 The submitting faculty will coordinate with their Department Chair and the Program Assistant, or Chief Academic Officer, about proposed changes and how they will potentially impact the program. Forms will be provided by the Program Assistant/Chief Academic Officer.

 Department Chair Date

 Program Assistant/Chief Academic Officer Date

🞎 The submitting faculty will identify which programs this will impact and notify the program chair of affected departments.

Note: Significant impacts such as credit changes, changes in program learning outcomes, and/or suspending a course may mean PROGRAM MODIFICATION FORMS ARE POTENTIALLY NEEDED.

🞎 The submitting faculty will coordinate with the Director of Registration and Records to ensure that they have the correct forms and information before submitting package to the Assessment and Curriculum Standards Committee.

 Director of Registration and Records Date

 Submitting Faculty Date Submitted

🞎 The Program Assistant will forward the paperwork to the Chair of the Assessment and Curriculum Standards Committee (ACSC) for review. The submitting faculty will be notified when their form has passed the ACSC.

🞎 The Chair of the ACSC will forward the paperwork to the Academic Council and the faculty will be notified when it passes the Academic Council (AC).

 ACSC Chair Date Forwarded

🞎 The Chair of the AC will forward the paperwork to the Point of Contact (POC) for the Higher Education Coordinating Commission (HECC).

 AC Chair Date Forwarded

🞎 The Webforms Point of Contact (POC) will submit the paperwork to the state.

 Webforms POC Date to HECC

**AFTER Higher Education Coordinating Commission (HECC) APPROVAL:**

🞎 The submitting faculty will be notified by email of the receipt and passage of their forms by the HECC after the POC sends it to the Academic Scheduler and Director of Records and Registration.

 Webforms POC Date Forwarded

 Academic Scheduler Date Completed

🞎 Director of Records and Registration will notify submitting faculty of completion.

 Director of Records and Registration Date Completed

[ ]  **Create Course** [ ]  **Modify Course** [ ]  **Suspend Course**

**Course Number:** Enter proposed course number. If modification add old number in parentheses after.

**Course Name:** Enter proposed course name.

Instructions: Clearly describe the proposed changes and their justification. Include enough information for Academic Council to act on your proposal and any other information that will be helpful moving the process forward.

Summary:

Summary and supporting information.

Instructions: Fill out the General Information section and the appropriate numbered sections as they relate to your request. For course creation, fill the Current column with N/A or blanks and fill all lines in the Proposed column. For course modification, fill all the lines in the Current column and any lines with changes in the Proposed column. Lines with no changes should be filled with N/A or blanks

|  |
| --- |
| General Information |
| Submitter | Submitting faculty name. |
| Impacted Programs | List all identified impacted programs or state None. |
| Submission Date | Date of initial submission. |
| Implementation Date | Requested implementation term and academic year. |

|  |
| --- |
| Specific Information |
| I. Course Information | Current | Proposed |
| Prefix & Number | Current prefix and number or N/A. | Proposed prefix and number. |
| Course Name | Current name or N/A. | Proposed name. |
| Alternate Course Name | If name is more than 30 characters enter alternate name or N/A. | If name is more than 30 characters enter alternate name or N/A. |
| Course Credits | Current credits or N/A. | Proposed credits. |
| Activity Code | Current code or N/A. | Proposed code. |
| Program CIP Code | Current code or N/A. | Proposed code. |
| If CIP code 211 or 220, then provide this additional information | Course CIP: Current CIP or N/A.Term: Current term or N/A.Year Offered: Current year or N/A.Career Area: Current area or N/A. | Course CIP: Proposed CIP or N/A.Term: Proposed term or N/A.Year Offered: Proposed year or N/A.Career Area: Proposed area or N/A. |
| Lecture Hours/WK | Current hours/week or N/A. | Proposed hours/week. |
| Lab Hours/ WK | Current hours/week or N/A. | Proposed hours/week. |
| Lecture-Lab Hours/WK | Current hours/week or N/A. | Proposed hours/week. |
| Practicum/WK | Current hours/week or N/A. | Proposed hours/week. |
| Clock Hours/Term | Current hours/term or N/A. | Proposed hours/term. |
| Course Length | Current weeks or N/A. | Proposed weeks. |
| Load Factor | Current factor or N/A. | Proposed factor. |
| Grading Option | Choose current grading. | Choose proposed grading. |
| Term(s) Offered | Current terms or N/A. | Proposed terms. |
| Cross-listed Course Prefix and Number | If cross listed, current alternate or N/A. | If cross listed, proposed alternate or N/A. |

If course suspension, stop here.

|  |  |  |
| --- | --- | --- |
| II. Catalog Data | Current | Proposed |
| Catalog description | Current catalog description or N/A. | Proposed catalog description. |
| Co- and/or Prerequisite(s) | Current co/prerequisites or N/A. | Proposed co/prerequisites or None. |
| Banner or Instructor Enforced | Choose an item. | Choose an item. |
| Meets AAOT Gen Ed requirements | Choose an item. | Choose an item. |
| Meets state cultural literacy requirements | Choose an item. | Choose an item. |
| III. Course Learning Outcomes  | Current | Proposed |
|  | Current course outcomes or N/A. | Proposed course outcomes. |
| IV. Other Information  | List attachments or None. |

Complete this section if there will be a budgetary impact.

|  |  |
| --- | --- |
| V. Projected Revenue  |  |
| One-time | Recurring (estimated per offering based on number students) |
| Grants | Total grant revenue or blank. | Student Fees\* | Revenue or blank. |
| Other sources | Revenue or blank. | Tuition | Revenue or blank. |
| Next source or blank. | Revenue or blank. | FTE reimbursement | Revenue or blank. |
| Next source or blank. | Revenue or blank. | Other Sources | Revenue or blank. |
| Total | Column total. | Total | Column total. |
| VI. Budget | Year: Enter first year of operation. |
| One-time | Recurring (estimated per offering based on number students) |
| Development | Cost or blank. | Personnel Costs | Cost or blank. |
| Capital Purchases (facility/equipment/ furniture) | Cost or blank. | Materials/Supplies (including software) | Cost or blank. |
| Other | Cost or blank. | Travel | Cost or blank. |
|  |  | Other | Cost or blank. |
| Total | Column total. | Total | Column total. |

\*Board approval is required.