**(For office use only)** **Grossmont College**  **(For office use only)**

CONTENT REVIEW VOTE PROPOSAL VOTE

Date **Curriculum Committee** Date

Yes Yes

No No

Abstaining Abstaining

# COURSE MODIFICATION

# The items enumerated below are to assist you in filling out the Course Modification Form. Short descriptions and examples have been given to guide you in completing this form. Should questions arise, please contact the Instructional Operations Supervisor on X7153.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **INITIATED BY** |  |  |  |
|  | Instructor | Division | Department |

2. **CHECK ITEM(S) TO BE MODIFIED**

Adv. Rec. Preparation  Course Number  Lab Hours  Outside Assignments  Texts

Catalog Description  Course Objectives  Lecture Hours  Prerequisite  Title 5 Classification

Computer Asst. Instruct.  Course Title  Lecture/Lab Hours  Special Materials  Unit Value

Corequisites  Distance Learning  Method of Evaluation  SLOs  Work Exp. Hours

Course Content  Instruction Facilities  Method of Instruction  Subject Heading

3. **ATTACH A NEW COURSE OUTLINE, BOLD ALL REVISIONS and ~~STRIKE OUT~~ DELETED TEXT.** List the items designated below in both the present and proposed format using the catalog for present and the revisions for proposed. This will allow easy comparison of those items being modified. **BE SURE THE PROPOSED INFORMATION MATCHES THE COURSE OUTLINE REVISION(S). PLEASE KEEP THE FORM IN THE PAGE FORMAT AS IT IS HERE.**

|  |  |  |
| --- | --- | --- |
|  | **PRESENT** | **PROPOSED** |
| **SUBJECT** |  |  |
| **NUMBER** |  |  |
| **TITLE** |  |  |
| **UNITS** |  |  |
| **LECTURE HOURS** |  |  |
| **LAB HOURS** |  |  |
| **WORK EXPERIENCE HOURS** |  |  |
| **PREREQUISITE** |  |  |
| **COREQUISITE** |  |  |
| **ADVISORY ON**  **RECOMMENDED**  **PREPARATION** |  |  |
| **CATALOG**  **DESCRIPTION** |  |  |

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4. **REASON FOR MODIFICATION**

Provide a concise statement as to why the course is being modified and in what ways this modification will improve the department and the campus-wide curriculum.

5. **DESCRIBE ANY FISCAL IMPACT THIS MODIFICATION WILL HAVE ON THE DEPARTMENT, COLLEGE AND/OR DISTRICT:** Address significant changes in staffing, facilities, equipment, supplies, learning resources or state reimbursement (e.g. loss of eligibility for basic skills, matriculation, and/or other categorical funding). Example: Adding a component of computer assisted instruction to a class could mean a change in identification of facilities, the need to purchase computers and software and the need for additional staff.

6. **DOES THIS PROPOSAL AFFECT AN APPROVED TECH-PREP AGREEMENT OR ONE IN PROGRESS?**

Yes  No

7. **AA/AS/ADT DEGREE PACKAGE**

If this course is currently part of an AA/AS/ADT degree package or is being proposed for one, please complete the information below.

Not applicable

|  |  |  |
| --- | --- | --- |
|  | **PRESENT** | **PROPOSED** |
| **AA/AS/ADT DEGREE** |  |  |
| **AREA OF EMPHASIS** |  |  |
| **CERTIFICATE OF ACHIEVEMENT** |  |  |
| **CERTIFICATE OF PROFICIENCY** |  |  |

8. **GENERAL EDUCATION**

Be specific in checking and listing both present and proposed requirements. If the course is being proposed for general education for the first time, forms will be sent to you for completion and subsequent review by the Curriculum Committee. If the course is presently satisfying general education requirements for either CSU certification, IGETC (Intersegmental General Education Transfer Curriculum) or the Associate Degree, it will still be reviewed by the Curriculum Committee to make sure the proposed modification has not altered the course’s status in meeting general education standards for the Associate Degree, the CSU or IGETC system.

Not applicable

|  |  |  |
| --- | --- | --- |
| **GENERAL EDUCATION** | **PRESENT** | **PROPOSED** |
| **ASSOCIATE DEGREE** | **Area** **Section** | **Area**  **Section** |
| **CSU CERTIFICATION** | **Area** **Section** | **Area**  **Section** |
| **IGETC** | **Area** **Section** | **Area** **Section** |

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9. **TITLE 5 CLASSIFICATION**

Have any of the Title 5 course standards been affected by this modification that would require a change in the course classification (i.e., Associate Degree Credit, or Nondegree Credit)?

Yes  No If yes, please identify the standards that have been affected:

|  |
| --- |
|  |

10. **GROSSMONT COLLEGE CROSS-LISTING AND LETTER OF INTENT**

Cross-listed  Yes  No

|  |  |
| --- | --- |
| If yes, please list cross-listed course |  |

Similarity in course content  Yes  No

in another department

|  |  |
| --- | --- |
| If yes, please list similar course |  |

Letter of Intent sent  Yes  No

The original Letter of Intent, with sign off by the affected department at Grossmont, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects any division or department at Grossmont unless a completed Letter of Intent is on file.**  Please notify the appropriate chair or coordinator when this course modification affects another program or certificate or if this course is to be cross-listed at Grossmont. That chair or coordinator must also submit a Course Modification and/or a Degree Modification form.

|  |  |  |  |
| --- | --- | --- | --- |
| Date sent |  | Date returned |  |

11. **CUYAMACA COLLEGE COURSE DUPLICATION, COURSE ALIGNMENT AND LETTER OF INTENT**

Duplicated  Yes  No

|  |  |
| --- | --- |
| If yes, please list duplicated course |  |

Courses Aligned  Yes  No

|  |  |
| --- | --- |
| Date completed |  |

Letter of Intent sent  Yes  No

Alignment form sent  Yes  No

The completed Curriculum Initiation Notification, Letter of Intent or Alignment documents, with sign off by the other department, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects Cuyamaca College unless the Curriculum Initiation Notification form, Letter of Intent or Alignment documents are on file.**  Please notify the appropriate chair or coordinator at Cuyamaca when this course modification affects another program or certificate at Cuyamaca or if this course is to be aligned.

|  |  |  |  |
| --- | --- | --- | --- |
| Date sent |  | Date returned |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date sent |  | Date returned |  |

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12. **VOTE OF DEPARTMENT**

Indicate the date that the department met to consider the curriculum proposal, the number of full-time faculty members in the department, the number voting and the number absent at the time the vote was taken.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of meeting |  | Number of full time members in department |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Abstaining |  | Absent |  |

13. **SIGNATURES**

I have reviewed this form for accuracy and completeness and recommend this course modification.

Department Chairperson/Coordinator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Learning Outcomes Coordinator Date

**(only if SLOs are being revised)**

Dean/Director Date

*Instructional Operations: 6/04*

REV:6.11/10.13/8.15/6.16