

**New Course Approval Form**

**COVER INFO**

##### GENERAL INFORMATION

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| **Subject:** (5 alpha limit) |   |
| **Number:**(5-character limit) |  |
| **Course Title:**(65-character limit) |  |
| **Department:**  |  |

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| **TOP Code:** |  | **SAM Code:** |  | **CIP Code:** |  | **SOC Code:** |  |

COURSE DESCRIPTION
(This is an overview of course scope, level, and topics plus identification of audience. Use complete sentences. May use up to five lines of text.)

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PROPOSAL DETAILS

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| **Proposal Start:** (Term) |   |

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| **Distance Education Proposal** | Yes/No (If Yes, DE form must be appended) |
| **Materials Fee** | Yes/No (If Yes, Materials Fee Form must be appended) |
| **Request for transfer consideration to UC/CSU** | Yes/No |
| **Request for GE/IGETC consideration** | Yes/No |
| **Request for C-ID certification** | Yes/No |

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| **To what programs, degrees, certificates, and pathways does this course belong?**  | Explain in as much detail as possible. Is the course core/required, or an elective? How does this course map through the program(s) to the institutional level based on course-level outcomes and purpose?  |
| **What is the rationale for offering this course?** | How will this course improve student success? How does it contribute to educational opportunity? Explain in detail. Ensure that the course does not overlap in content with a course that is already being taught. |
| **Explain how the proposed course fits into the programs of the college.** | How the course will contribute to the mission of the institution, and how disproportionate impact will be mitigated for all students. |
| **Using the State Minimum Qualifications Handbook, identify the discipline to which this course belongs.** | Address scheduling, personnel, facilities and resources needed for the start-up and sustainable offering of this course. For example, will new faculty be hired? Will new equipment, research resources, and/or physical space be needed? |
| **Compliance** | Identify and explain any educational laws and regulations, repetition rules, external mandates, or economic development funds that have or will influence this proposed course. Examples might include courses developed for mandated ADTs or required by CTE District. |

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| These are the names of the processors of this document. They acknowledge and understand that all information here is complete and correct and each individual has reviewed and supports this course outline of record. |
| **Faculty Author:** |  | **Date:** |  |
| **Area Dean:** |  | **Date:** |  |
| **Department Lead or full-time faculty as applicable:** |  | **Date:** |  |
| **Articulation Officer:** |  | **Date:** |  |
| **Dean of DE and Learning Support Services as applicable:** |  | **Date:** |  |
| **Librarian:** |  | **Date:** |  |
| **Financial Aid:** |  | **Date:** |  |

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| Process Approvals |
| Curriculum Committee Approval Date |  |
| Board of Trustees Approval Date |  |
| External Review Approval Date |  |
| Proposed Start Date |  |
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