

NEW COURSE PROPOSAL

Section 1 - GENERAL INFORMATION:			
Initiator:	Division:	Date Submitted:	Effective Term/Year:
E-mail:	Phone Number:	State Mandated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2 - COURSE DETAILS			
Course Prefix & Number:	Course Title (no abbreviations):		
Number of Credits:	Weekly Contact Hours:	Total Course Contact Hours:	
Rationale for adding course:			
Catalog Description:		Prerequisite(s) Course ID and Title:	Co-requisite(s) Course ID and Title:
		Term(s) Course is Offered (pick all that apply):	
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
		Grading Designation: <input type="checkbox"/> A- F <input type="checkbox"/> S/U	
Delivery Method:		Textbook Information: (Author, Title, ISBN):	
Faculty credentials necessary for teaching course (information will become part of Faculty Credentials Manual):		Textbook Cost:	
		Equipment requirements and cost:	
		Lab Fee:	
Meets AA General Education Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Communications <input type="checkbox"/> Humanities <input type="checkbox"/> Social Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Science		Course required or elective for <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> Certificate <input type="checkbox"/> CTE (PSAV) Which program(s)? CIP Code(s):	
Substantial Writing Requirement (Gordon Rule)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain how the course meets the substantial	Credit Type: <input type="checkbox"/> Transfer <input type="checkbox"/> Not intended for Transfer <input type="checkbox"/> Non--Transfer <input type="checkbox"/> College Preparatory <input type="checkbox"/> Career Preparatory		

writing requirement.

Section 3 - LEARNING OUTCOMES			
		General Education <input type="checkbox"/>	Non-General Education <input type="checkbox"/>
Course/ Student Learning Outcome	Corresponding Program Level Learning Outcome	Corresponding General Education Outcome (if applicable. You may select more than one)	Proposed Assessment Method
		<input type="checkbox"/> Communications <input type="checkbox"/> Quantitative and Scientific Reasoning <input type="checkbox"/> Critical Thinking <input type="checkbox"/> Global and Social Diversity <input type="checkbox"/> Information Literacy	
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Section 4 - CREDIT HOUR ESTIMATE

Instructional or Learning Activity	Estimated Number of Minutes
On-campus meetings (direct instruction, in-class lectures, demonstrations, recitations)	
Practical experiences (lab experiences, studio activities, clinical assignments, field experience)	
Group or team-based activities (group projects or presentations, debates, group assessments)	
Reviewing online course content (audio/video lectures, podcasts, written lectures)	
Readings (assigned readings, additional readings, websites, articles)	
Projects/Presentations (oral presentations, portfolios, multimedia presentations)	
Practice problems or exercises (drills, practice problems, exam reviews)	
Online discussions (discussion forums, wikis)	
Synchronous activities (videoconferences, audio chat, text chats)	
Writing activities (papers, essays, journal entries, blogs)	
Research activities (literature review, individualized study, research study)	
Quizzes or exams (written, computer-based, online)	
Inquiry-based activities (web quest, problem-based or self-directed learning)	
Other (please list):	
TOTAL MINUTES:	