**COVER SHEET FOR COURSE LEARNING OUTCOME (CLO) REVISIONS**

Use this cover sheet to submit revisions for Course Learning Outcomes. If revising *any* other elements of a course (description, title, credits, etc.), please use the standard Cover Sheet, available from the Curriculum Office.

**Instructions to Proposing Faculty:**

* List each course for which you are submitting CLO revisions in the space below
* For each course listed below, attach a completed CLO template to this Cover Sheet
* Obtain signatures from your department chair and dean
* Once all signatures are gathered, submit this Cover Sheet and CLO templates to Curriculum Office
* Email editable "Word" copies of each completed CLO template sheet to [scott.morrell@sfcc.spokane.edu](mailto:scott.morrell@sfcc.spokane.edu)

**Instructions to Chairs and Deans:**

* *Proof* each CLO to ensure it meets required standards
* If CLOs are not meaningful and measurable, return to proposing faculty for revisions. Do not sign this Cover Sheet until the CLOs meet the required standards.
* After the final signature is obtained, return all paperwork to proposing faculty for submission to Curriculum Office

**List all courses for which CLOs are being revised (Subject/Course Number), and the version date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject/Course Number** | **Version Date** |  | **Subject/Course Number** | **Version Date** |
| CS223 | 01/15/2021 | IS244 | 01/15/2021 |
| IS101 | 01/15/2021 | IS245 | 01/15/2021 |
| IS103 | 01/15/2021 | IS260 | 01/15/2021 |
| IS125 | 01/15/2021 | IS262 | 01/15/2021 |
| IS132 | 01/15/2021 |  |  |
| IS210 | 01/15/2021 |  |  |
| IS228 | 01/15/2021 |  |  |
| IS234 | 01/15/2021 |  |  |

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**Proposing Faculty Signature Date**

*I certify that each course contains three to seven measurable course learning outcomes that describe what a student will be able to do upon completing the course.*

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**Department Chair Signature Date**

*I certify I have proofed each CLO in this packet to ensure it meets required standards*

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**Department Dean Signature Date**

*I certify I have proofed each CLO in this packet to ensure it meets required standards*

Office Use:

|  |  |  |
| --- | --- | --- |
| Curriculum Committee Chair |  |  |
| VP of Learning |  |  |

Signature Date