**Great Falls College MSU**

**Curriculum Council**

**Course Notification Form (No vote required)**

Use ONLY for notification of:

* Changes to Terms course offered
* Updated Course Description text
* Changes to Course Outcomes

**ALL OTHER COURSE CHANGES should be on COURSE MODIFICATION FORM.**

**Division:**

**Department**:

**Program (if applicable)**:

**Effective Date (semester and year)**:       20

(Defaults to Summer of next catalog year, unless other semester/year is listed above.)

**Course Prefix:**

**Course Number:**

**Course Title:**

**Proposal Summary including change(s) and why (bullet list or couple of sentences):**

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| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Change of Terms** | Yes | No | Not Applicable |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CURRENT **Terms Offered**: | Fall  Based upon sufficient demand | Spring  Based upon sufficient demand | Summer  Based upon sufficient demand | Currently Not Offered | Other: (describe): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROPOSED **Terms Offered**: | Fall  Based upon sufficient demand | Spring  Based upon sufficient demand | Summer  Based upon sufficient demand | Currently Not Offered | Other: (describe): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Change course description** | Yes | No | Not Applicable |

**CURRENT Catalog Description (cut/paste from catalog):**

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| --- |
|  |

**PROPOSED Catalog Description (needs to be formatted like other catalog course descriptions):**

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| --- |
|  |

**Are you changing the course outcomes?**

Yes No Not Applicable

**If yes, list Current Course Outcomes and Proposed Course Outcomes:**

CURRENT COURSE OUTCOMES

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| --- |
|  |

PROPOSED COURSE OUTCOMES

|  |
| --- |
|  |

**Program(s)/Program(s) of Study/Transfer Articulation Agreement(s) affected by or requiring course:**

|  |  |  |
| --- | --- | --- |
| Yes | No | Not Applicable |

If yes, please list program(s)/program(s) of study/transfer articulation agreements(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Required | Elective |  | Required | Elective |
| 1. |  |  | 5. |  |  |
|  |  |  |  |  |  |
| 2. |  |  | 6. |  |  |
|  |  |  |  |  |  |
| 3. |  |  | 7. |  |  |
|  |  |  |  |  |  |
| 4. |  |  | 8. |  |  |

If yes, please explain, who you have discussed change(s) with. Attached documentation as appropriate.

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|  |

**Required Signatures:**

|  |  |  |
| --- | --- | --- |
| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Registrar |  | Date |
| Assessment Committee Chair |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |