**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

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

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| --- | --- | --- |
| [ ]  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.       | [ ]  | [ ]  |
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| 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:**

|  |  |  |
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| 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 |