**Division:**

**Great Falls College MSU**

**Curriculum Council**

**Course Modification Submission Form (vote required)**

 **Department**:

 **Program (if applicable)**:

**Course Prefix, Number, and Title:**

 (Ex: CJUS 125 Fundamentals of Forensic Science)

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Course****Modification(s)**: |  [ ]  Create New Course *Need to complete all sections of this form.* *This could also require Program Modifications.* |  [ ]  Delete Course*Complete Summary & Rationale – including prefix & number.**This could also require Program Modifications.* | [ ]  Adding/changing course prefix &/or course number. |
| ***Mark all that apply.*** | [ ] Adding/changing course title (long or short title) | [ ]  Adding/changing course credits.*This could also require Program Modifications.* | [ ]  Adding/changing grade mode (traditional letter or pass/fail) |
|  | [ ]  Adding/Changing course type (lecture/lab/clinical/etc.) | [ ]  Adding/changing terms offered*This could also require Program Modifications.* | [ ]  Adding/changing prerequisites &/or corequisites.*This could also require Program Modifications.* |
|  | [ ]  Adding/removing from GFC MSU core.*This could also require Program Modifications.* |  [ ]  Adding/changing course description. | [ ]  Adding/changing course outcomes. |
|  | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Pilot Course\*:** | [ ] Yes | [ ] No |

***\*If a Pilot course, an evaluation of the course must return to the Curriculum Council for a full report using the Pilot Course Evaluation form at the end of the pilot period.***

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

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

**Summary (Bullet list of ALL changes to course.):**

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**Rationale of Change(s) (Please attach additional pages as needed.):**

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| **Are you creating/changing the course prefix &/or number** | [ ]  Yes | [ ] No | [ ] Not Applicable |

CURRENT Prefix & Number:       PROPOSED Prefix & Number:

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| --- | --- | --- | --- |
| **Are you creating/changing the course title?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

CURRENT **Short Course Title (limited to 30 characters):**

PROPOSED **Short Course Title (limited to 30 characters):**

CURRENT **Long Course Title (limited to 100 characters):**

PROPOSED **Long Course Title (limited to 100 characters):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you creating/changing the course credits?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

CURRENT **Credits:**        **(Note: how many lecture and lab credits if applicable):**  Lecture   Lab

PROPOSED **Credits:**        **(Note: how many lecture and lab credits if applicable):**  Lecture   Lab

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| **Are you creating/changing the course grade mode?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

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| --- |
| [ ] Traditional (A, B, C) [ ]  Pass/Fail |

CURRENT **Course Grade Mode:**

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| --- |
| [ ] Traditional (A, B, C) [ ]  Pass/Fail |

PROPOSED **Course Grade Mode:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you creating/changing the course type?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

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| CURRENT **Course Type:**  | [ ] Lecture  | [ ] Lecture/Lab Combo | [ ] Lab  | [ ] Clinical | [ ] Shop |

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| --- | --- | --- | --- | --- | --- |
| PROPOSED **Course Type:**  | [ ] Lecture  | [ ] Lecture/Lab Combo | [ ] Lab  | [ ] Clinical | [ ] Shop |

|  |  |  |  |
| --- | --- | --- | --- |
| **Common Course Numbering (CCN) Research Completed:** | [ ] Yes | [ ] No | [ ] Not Applicable |

Approved by Registrar:

 *Registrar’s Initials*

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| **Are you creating/changing the terms offered?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

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| --- | --- | --- | --- | --- | --- |
| 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): |

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| **Are you creating/changing the prerequisites or corequisites?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

CURRENT **Prerequisite(s):**

CURRENT **Corequisite(s):**

CURRENT **Pre- OR Co-requisite(s):**

PROPOSED **Prerequisite(s):**

PROPOSED **Corequisite(s):**

PROPOSED **Pre- OR Co-requisite(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you creating/changing course in the GFC MSU CORE?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

CURRENT **please select area(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Written communication | [ ] Verbal Communication | [ ] Humanities  | [ ] Fine Arts | [ ] N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Natural Science  | [ ] Social Sciences  | [ ] History  | [ ] Diversity | [ ] Cultural Heritage of American Indians |

PROPOSED **please select area(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Written communication | [ ] Verbal Communication | [ ] Humanities  | [ ] Fine Arts | [ ] N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Natural Science  | [ ] Social Sciences  | [ ] History  | [ ] Diversity | [ ] Cultural Heritage of American Indians |

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| **Are you creating/changing the course description?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

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

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

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| **Are you creating/changing the course outcomes?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

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.       | [ ]  | [ ]  |
|  |  |  |  |  |  |
| 3.       | [ ]  | [ ]  | 7.       | [ ]  | [ ]  |
|  |  |  |  |  |  |
| 4.       | [ ]  | [ ]  | 8.       | [ ]  | [ ]  |

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

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| **Fees associated with course:** | [ ] Yes | [ ] No |

If yes, visit with Exec Director of Operations.

Approved by Executive Director of Operations:

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| --- | --- | --- | --- |
| **Programmatic accreditation affected:** | [ ]  Yes | [ ] No | [ ] Not Applicable |

 If yes, please explain or attach appropriate documentation:

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| **Advisory Board Approval** [ ]  Yes | [ ] No | [ ] Not Applicable |

 (If yes, attach a copy of appropriate meeting notes.

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**For new programs and those with substantial changes to student learning outcomes: please attach a separate sheet showing Student Learning Outcomes.**

**Resources Required** (Are there any special facilities, faculty, equipment, and materials required for this course?

Has the Division Director, Director of TLC, Exec Director of Operations, CIO and/or Library Services been consulted as to the needs of the course?)

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| [ ]  Yes | [ ] No | [ ] Not Applicable |

If yes, please explain or attach appropriate documentation:

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**You may be contacted for more information as the BOR, NWCCU, accreditation body, Dept of Education, and the Dept. of Veterans Affairs may require additional information. By signing this form, I acknowledge the potential of these additional steps.**

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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 |