**COURSE CHANGE COVER PAGE**

**Course**:

**Department**:

**Proposal**:  New Course **Course Level**:

Change Course

Delete Course

**Proposal Origin:**

Author:       Initials:       Date:

      Initials:       Date:

Center Dean:       Initials:       Date:

**Documentation**:

*Rationale & Course Syllabus*

* *Use the available templates on Sharepoint*

*Learning outcomes reviewed by Assessment Liaison*

*Evidence of Faculty Vote*

*Evidence of Notification of Other Centers*

**CWCC Action**:

Recommend Approval  Recommend Non-approval

CCWC Chair:       Initials:       Date:

Comments:

**VPLAA Action**:

Approve  Not Approve

VPLAA:       Initials:       Date:

Comments:

***For Changes Only:***

**Change**:  Title  Contact/Credit Hours

Pre/Co-Requisites  Course Description

Recitation  Other (describe)

For Other:

***For Changes or New Courses:***

**Expected Implementation**: Semester:  Year:

**General Education**: Does this course have General Education Status?

Yes: Category  1  2  3  4  5

No

Do you intend to submit this course for General Education Status?

Yes: Category  1  2  3  4  5

No

**For Deletion Only:**

**Rationale for Deletion**:

Final Approval, Academic Project Manager:

Date Changes Will Be Implemented: