

**GENERAL EDUCATION COURSE APPROVAL FORM**

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| **Originator:** | | | | | | |
| PART I: INSTITUTIONAL INFORMATION | | | | | | |
| Institution: **Brookdale Community College** | | | | Date Submitted: | | |
| **PART II: COURSE INFORMATION** | | | | | | |
| Course #: | Course Title: | | Credits: | | Lecture hrs: | Lab hrs: |
| **NJCCC General Education course category request:  *Select from below:*** | | | **INTEGRATED GOALS** | | | |
| Art, Music, Theater  Communications  Diversity  History  Humanities: Literature | | Humanities: Philosophy/Religious Studies  Humanities: World Languages  Mathematics  Science  Social Science  Technology | Course integrates ethical reasoning/action  Course integrates information literacy | | | |
| **Course Transfer** | | | | | | |
| **Contact Director, Transfer Resources/Articulation** [**ajankowski@brookdalecc.edu**](mailto:ajankowski@brookdalecc.edu) **for a Transferability Study.** | | | | | | |
| **Provide evidence of transferability as a General Education course to NJ colleges.** | | | | | | |
| **Learning outcomes** | | | | | | |
| **Learning Outcome(s) related to GE category requested:** | | | | | | |
| **Describe how the above Learning Outcome(s) comply with the NJCC GE Learning Goal(s) being requested.**  **See** [**http://www.njccc.org/pubs/GenEdFoundation.pdf**](http://www.njccc.org/pubs/GenEdFoundation.pdf)**.** | | | | | | |
| **How do course activities help students obtain the knowledge or skill?** | | | | | | |
| **How do students demonstrate their acquisition of it?** | | | | | | |
| **Course Description:** | | | | | | |
| **Prerequisites:** | | | | | | |
| **Syllabus: Attach syllabus highlighting the learning outcome(s) related to GE category and the activities and/or assignments demonstrating how students acquire the learning outcome(s).** | | | | | | |

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| **Approvals/review** | |
| **Department Chair** | **Date** |
|  |  |
| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [pschuberth@brookdalecc.edu](mailto:pschuberth@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Vice President for Learning** | | **Date** |
|  | |  |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education** | | **Date** |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |