

**NEW COURSE PROPOSAL FORM**

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| **Originator:** | **Date:** |
| **Department:** | **Institute:** |
| **Proposed code:**  ***(Registrar determines code)*** | **Title:**  **Short title:**  ***(Add short title if long title more than 30 characters)*** |
| **Credits:** | **Lecture hours:** |
| **Lab/studio hours:** | **Clinical hours:** |
| **Lab/Course fee:** | **Other (e.g. internship):** |
| **Course capacity:** | **Allow course to be waitlisted (Y/N):** |
| **Course level (select below):** [link for 100 and 200 course level criteria](http://www.brookdalecc.edu/documents/Vice%20President%20for%20Learning/Course-criteria-for-100-and-200-level.pdf) | |

Foundational studies 100 level 100 level 2nd sequence  200 level

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| **Term and year of first planned offering:** |
| **How often will course be offered: (every semester, fall only, etc.)?** |

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| **Course Description (type below).** *Course description should clearly and concisely describe course and course competencies. If appropriate, identify the audience and where it fits in the instructional sequence. May include necessary or special information such as field trips, special equipment, extra expenses or additional time requirements.* | |
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| **Prerequisite(s):** |  |
| **Corequisite(s):** |  |
| **Prerequisite or Corequisite:** |  |

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| **Course learning outcomes:**  list course learning outcomes below | |
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| **How will students demonstrate acquisition of the course learning outcomes?** | |
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| **Rationale (complete 1 through 6 below):** | |
| 1. **Describe the need for the course. Will this course be a program requirement? If yes, complete program change form. How will the course fit in to the sequence?**   **If no, explain who will take this course. If requesting general education, complete for General Education Course Approval form.** | |
| 1. **If this course was previously offered as an experimental course, what was the enrollment in the course?** | |
| 1. **How does this course integrate with current offerings? Search the catalog for similar course offerings. List these courses and explain how this course is different.** | |
| 1. **If there are other disciplines involved, do they support this proposal?** | |
| 1. **If this course is a career studies course, has the course been recommended or reviewed by an Advisory Board?** | |
| 1. **Is this course proposal a result of five-year program review recommendations?** | |
| **Resources. List any additional resources and associated costs required to offer this course (facilities, equipment, staffing, software, other):** | |
| **Complete this section if requesting (t) technological competency (non Gen Ed) for this course.**  ***Courses designated as (t) emphasize common computer skills where the students will use computer systems and other appropriate forms of technology to achieve professional, educational, and personal objectives.*** | |
| **Transfer: Contact Director-Transfer Resources** [**smcelroy@brookdalecc.edu**](mailto:smcelroy@brookdalecc.edu) **for a Transferability Study.** | |
|  | **Syllabus attached** |

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

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

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