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| **School or Division** | Choose an item. |
| **Program or Certificate** | List name of the new or existing program or certificate |
| **Proposed by (faculty only)** | List faculty name(s) |
| **Presenter (faculty only)** | List faculty name(s) |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be submitted for a later date. |
| **Submission date** | Click here to enter a date. |
| **Course prefix, number, and title** | List course prefix, number, and title  |
| All Curriculum proposals require approval of the Curriculum Committee and the Provost. Final approval or denial of a proposal is reflected on the completed and signed proposal. |
|[ ]  Approve |[ ]  Do Not Approve |  |
|  |  |
| *Curriculum Committee Chair Signature* |  | *Date* |
| [ ]  | Approve | [ ]  | Do Not Approve |  |
|  |  |
| *Provost Signature* |  | *Date* |
|  |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. |
|[ ]  Reviewed |  |
|  |  |
| *Office of Accountability & Effectiveness Signature* |  | *Date* |

**Section I, Important Dates and Endorsements Required**

**nOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Provost’ Office.

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| **Term in which approved action will take place** | Choose an item. |
| **Provide an explanation below for the requested exception to the** effective **date.** |
| Type in the explanation for exception. |

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| **Any exceptions to the term start date requires the signatures of the Academic Dean and Provost prior to submission to the Dropbox.** |
| **Dean**  | **Signature** | **Date** |
| Type name here |  |  |
| **Provost** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Type name here | Click here to enter a date. |
| **Academic Dean or Provost** | Type name here | Click here to enter a date. |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Type in all applicable faculty names here  |

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| Has the Libraries’ Collection Manager been contacted about the new course and discussed potential impacts to the libraries’ collections? |
| Provide information here |

**Section II, New Course Information (must complete all items)**

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| **List course prerequisite(s) and minimum grade(s) (must include minimum grade if higher than a “D”).** | List course prerequisite(s) and minimum grade(s) |
| **Provide justification for the proposed prerequisite(s).** |  |
| **Will students be taking any of the prerequisites listed for this course in different parts of the same term (ex. Term A and Term B)?** | Choose an item. |
| **List course co-requisites.** | List course co-requisites  |
| **Provide justification for the proposed co-requisite(s).** |  |
| **Is any co-requisite for this course listed as a co-requisite on its paired course?**(Ex. CHM 2032 is a co-requisite for CHM 2032L, and CHM 2032L is a co-requisite for CHM 2032) | Choose an item.List the co-requisite |
| **Course credits or clock hours** | List course credit or clock hours |
| **Contact hours (faculty load)** | List contact hours |
| **Are the Contact hours different from the credit/lecture/lab hours?** |  |
| **Select grade mode** | Choose an item. |
| **Credit type** | Choose an item. |
| **Possible Delivery Types (Online, Blended, On Campus)** |  |
| **Course description** (provide below) |
| Type course description here |

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| **General topic outline** (type in outline below) |
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**Learning Outcomes:** For information purposes only.

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| **IV.  Course Competencies, Learning Outcomes and Objectives****A.**  **General Education Competencies and Course Outcomes**1. Integral *General Education Competency or competencies*: 2.  Supplemental *General Education Competency or competencies*: **B.** **In accordance with Florida Statute 1007.25 concerning the state’s general education core course requirements, this course meets the general education competencies for *….***Part B would only be included in the course outlines of those courses are included in the FSW Catalog as a General Education Core Course. If this is not a core course, then outline letter C would become B. **C.** **Other Course Objectives/Standards** |

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| **Copy and Paste the SCNS Course Profile Description below (http://scns.fldoe.org/scns/public/pb\_index.jsp).** |
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| **ICS code for this course** | Choose the appropriate ICS code |
| **Institutional Reporting Code** | Choose an item. |
| **Degree Attributes** | Choose an item. |
| **Degree Attributes (if needed)** | Choose an item. |
| **Degree Attributes (if needed)** | Choose an item. |
| **Degree Attributes (if needed)** | Choose an item. |
| **Should any major restriction(s) be listed on this course? If so, select "yes" and list the appropriate major restriction code(s) or select "no".** | Choose an item.List applicable major restriction codes |
| **Is the course an “International or Diversity Focus” course?** | Choose an item. |
| **Is the course a General Education course?** | Choose an item. |
| **Is the course a Writing Intensive course?** | Choose an item. |
| **If Replacing a course, combining a Lecture/Lab or splitting a C course – Is there a course equivalency?** |  |
| **Is the course repeatable\*?**(A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3 credit hour course can be repeated 1 time and a student can earn a maximum of 6 credits). \*Not the same as Multiple Attempts or Grade Forgiveness | Choose an item.If repeatable, list maximum number of credits  |
| **Do you expect to offer this course three times or less (experimental)?** | Choose an item. |

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| **Impact of Course Proposal** |
| **Will this new course proposal impact other courses, programs, departments, or budgets?** | Choose an item. |
| **If the answer to the question above is “yes”, list the impact on other courses, programs, or budgets?** | List impacts here |
| **Have you discussed this proposal with anyone (from other departments, programs, or institutions) regarding the impact? Were any agreements made? Provide detail information below.** |

**Section III, Justification for proposal**

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| **Provide justification (below) for this proposed curriculum action.** |
| Type in justification here |