Appendix 6

CURRICULUM/COURSE CHANGE APPLICATION PACKET

|  |  |  |  |
| --- | --- | --- | --- |
| **Requesting Department** |  | **Date of Request** |  |
| **Print Name** |  | **Signature** |  |
| **Program Major Code & Title** |  |
| **Proposed Date of Change** |  | **(Semester/Year)** |

**Step One:** Documents/Forms which must be included in application:

1. Current Program of Study (If changes are being made indicate in red.) Contact Data Management Office for current .doc format of POS.
2. Current Sequencing Sheet located on FTCC Web Site (If changes are being made indicate in red.) Contact Data Management Office for .doc format if needed.
3. Current Fact Sheet located on FTCC Web Site (If changes are being made indicate in red.) Contact Data Management Office for .doc format if needed.
4. Current Curriculum Standard located on the North Carolina Community College (NCCCS) Web site
5. Attachment A (Substantive Change Trigger questions completed).
6. Attachment C (Completed by all faculty in requesting department).

**Step Two:** Optional forms/information which may be included in application:

1. Attachment B (If changes to the course have been made in the State Common Course Library (CCL) and/or changes being made at the local level.)
2. Attachment D (Complete only if fourth sentence is being added to the course description.)
3. Print course information from the State Web Common Course Library (CCL) site as it relates to the application changes. (Only if courses are being changed.)
4. Curriculum Termination Form (If local termination, use termination form included in Curriculum/Course Change Application Packet. If state termination, use termination form located on the State Web site under Section 5 of the Curriculum Procedures Reference Manual.)

Description and purpose of change:

**APPROVED BY:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Chairperson |  | Date |
|  |  |  |
| Program Area Dean |  | Date |
|  |  |  |
| Curriculum Committee |  | Date |
|  |  |  |
| Senior Vice President for Academic and Student Services |  | Date |

ATTACHMENT A

REQUEST TO ADD/DELETE COURSE

|  |  |
| --- | --- |
| COURSES TO BE ADDED |  |
|  |  |  |  |  |  |  |  | Clinic/ |  |  |
| Prefix/Number |  | Title |  | Lecture |  | Lab |  | **Shop** |  | Credit |
|  |  |  |  |  |  |  |  |  |  |  |
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| COURSES TO BE DELETED |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Clinic/ |  |  |
| Prefix/Number |  | Title |  | Lecture |  | Lab |  | Shop |  | Credit |
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Does change comply with State Standards? [ ]  Yes [ ]  No

Are other curricula departments affected by the course changes?

[ ]  Yes [ ]  No If yes, please identify below:

**Chairpersons of affected departments are required to initial below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department |  | Initials |  | Department |  | Initials |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

**Substantive Change Triggers:**

Are any of the courses above new to FTCC and being offered for the first time? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| If yes, please list the courses. |       |

Does the change in the program and/or Standard “trigger” a SACSCOC Notification Letter or Prospectus? [ ]  Yes [ ]  No

Reviewed by Office of Assessment and Accreditation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

What is the program percentage of online courses: [ ]  < 25% [ ]  25%-49% [ ]  50%-99% [ ]  100%

What is the program percentage taught at another location?

|  |  |
| --- | --- |
|  [ ]  < 25% [ ]  25%-49% [ ]  50%-99% [ ]  100% Location(s): |       |

Is the new degree/diploma/certificate to be certified for Financial Aid? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Date of notification to Dean of Enrollment and Financial Aid:  |       |

 **ATTACHMENT B**

**REQUEST TO CHANGE PREREQUISITE/CO-REQUISITE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE** |  | **PREREQUISITE** |  | **CO-REQUISITE** |
|  |  |  |  |  |  |  |  |  |
| Prefix/Number |  | Current |  | Proposed |  | Current |  | Proposed |
|  |  |  |  |  |  |  |  |  |
|       |  |       |  |       |  |       |  |       |
|  |  |       |  |       |  |       |  |       |
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| Does change comply with State Standards? |       |  |  |

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| --- | --- | --- | --- | --- |
| **COURSE** |  | **PREREQUISITE** |  | **CO-REQUISITE** |
|  |  |  |  |  |  |  |  |  |
| Prefix/Number |  | Current |  | Proposed |  | Current |  | Proposed |
|  |  |  |  |  |  |  |  |  |
|       |  |       |  |       |  |       |  |       |
|  |  |       |  |       |  |       |  |       |
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|  |  |  |  |  |  |  |  |  |
| Does change comply with State Standards? |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE** |  | **PREREQUISITE** |  | **CO-REQUISITE** |
|  |  |  |  |  |  |  |  |  |
| Prefix/Number |  | Current |  | Proposed |  | Current |  | Proposed |
|  |  |  |  |  |  |  |  |  |
|       |  |       |  |       |  |       |  |       |
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|  |  |  |  |  |  |  |  |  |
| Does change comply with State Standards? |       |  |  |

**ATTACHMENT C**

**DEPARTMENT REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Name** | **Approval** | **Initials** | **Comments** |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |
|       | [ ] Yes [ ] No |       |       |

 ATTACHMENT D

COURSE DESCRIPTION INFORMATION WORKSHEET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | ThreeLetter Prefix |  | Number |  | **Course Title** (Title: 25 characters maximum including spaces) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
| 2. | **First sentence:**This course(2 words) |  |  |
|  |  |  |
|  |  |  |
|  |  |  | **(23 additional words maximum)** |
| 3. | **Second sentence:**Topics include(2 words) | OR |  |  |
|  | Emphasis is placed on(4 words) |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **(16-18 additional words maximum)** |
| 4. | **Third sentence:**Upon completion, students will be able to (7 words) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **(18 additional words maximum)** |
|  |  |  |  |  |
| 5. | **Fourth sentence:** | Local option for clarification. |  |
|  |  |  |       |
|  |  |  |       |
|  |  |  |       |
| 6. | **Prerequisites/Co-requisites:** |       |
|  |  |  | **(Abbreviate when possible.)** |



 **LOCAL CURRICULUM PROGRAM TERMINATION FORM**

|  |  |  |
| --- | --- | --- |
| **Date:** |  |  |
| **Curriculum Title:** |  |  |
| **Curriculum Code:** |  | **Termination Effective Date:** |  |
| **Reason(s) for Terminating Curriculum:** |
| **[ ]**  | **Low Enrollment** | **Justification:** |  |
|  |
|  |
| **[ ]**  | **No Enrollment** | **Justification:** |  |
|  |
|  |
| **[ ]**  | **Other** | **Justification:** |  |
|  |
|  |
| **Curriculum program is part of an ISA plan.** | **[ ]  Yes** | **[ ]  No** |
| **Applicable ISA colleges notified of termination.** | **[ ]  Yes** | **[ ]  No** |
|  |

***This is a formal notice to terminate the curriculum program as identified above.***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  *Signature, Faculty Representative Date*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  *Signature, Program Chairperson Date*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature, Division Chairperson Date*

 **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature, Program Dean Date*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature, Senior Vice President for Academic and Student Services Date*