

Request for Approval

Stand-alone Occupational Preparatory Course

Submitted by (name, phone, and email):

Proposed course number (If applicable):

Proposed course title:

Proposed credit/contact hours:

Total contact hrs:

# credits (if applicable): \_\_\_\_\_ # hours lecture \_\_\_\_\_ # hours lec/lab \_\_\_\_\_

Rationale for the course:

Course description (limit 75 words):

Learning outcomes:

CIP code (if known):

Are there similar courses in other departments or disciplines at this time?

If there are similar courses, have you met with the appropriate SAC or department? Detail outcome.

Indicate the impact, if any, on other departments and campuses:

Is there any intent to make this course part of a series of course? If yes, please explain.

Identify the month and year when the course will first be offered:

\_\_\_\_\_ ( ) Recommended ( ) Not Recommended

Division Dean or Administrative Support

\_\_\_\_\_ ( ) Recommended ( ) Not Recommended

Curriculum Committee Chair

\_\_\_\_\_ ( ) Recommended ( ) Not Recommended

Vice President Academic Affairs