



REASON FOR THE PROPOSED CHANGE:

E.g. Assessment of SLOs, advisory committee recommendation, agency mandate, etc. If C-ID, include descriptor number. Use an additional sheet, if necessary.

CURRENTLY APPROVED (Complete all fields)

1. SUBJECT: [] 2. Catalog No.: [] (5 ALPHA LIMIT) (5 CHARACTER LIMIT)

3. FULL DESCRIPTIVE TITLE: [] 4. UNITS: [] (40 CHARACTER LIMIT)

5. NUMBER OF HOURS: LECTURE: [] LABORATORY: [] *SUPPLEMENTAL LEARNING: [] (PER WEEK, BASED ON TERM OF 18 WEEKS) *SLA changes or additions require an IS signature

6. MATERIALS FEE: [] 7. CLASS SIZE MAXIMUM: [] 8. TEACHING UNITS: []

9. GRADE CHOICE: LETTER GRADE: [] STUDENT CHOICE: [] PASS/NO PASS: []

10. PREREQUISITE(S): []

11. COREQUISITE(S): []

12. RECOMMENDED PREPARATION: []

13. CATALOGUE DESCRIPTION: []

- [] Please check to confirm current Program of Study language is attached. [] Please check to confirm current CTE Advisory meeting minutes are attached.

PROPOSED COURSE MODIFICATION -- Only fill fields that are changing. Outline must be updated.

- [] **INACTIVATE [] Please check to confirm department-wide consultation has occurred. Inactivation affects the following awards: []

**Inactivation requires collaboration with Dean, Academic Services

Changes to items 1, 2, 3 or 4 require revision of *Program of Study* language.

Please check to confirm *Program of Study* language is revised and attached.

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LETTER GRADE:

STUDENT CHOICE:

PASS/NO PASS:

Please check to confirm **one** *Requisite Validation Form* for **each** requisite added is completed and attached.

Please check if course will be **removed** from one or more awards and/or GE breadth patterns:

CSU-GE Breadth (Plan B)

IGETC Request/Status (Plan C)

Other articulation/for transfer

10. PREREQUISITE(S):

11. COREQUISITE(S):

12. RECOMMENDED PREPARATION:

13. CATALOGUE DESCRIPTION:

EQUIVALENT OR RELATED COURSES INFORMATION

14. CORRESPONDING HONORS CRS:

(Submit additional form for Honors course and update outline)

15. THIS COURSE IS CROSS-LISTED WITH:

16. Distance Learning Addendum exists. Update attached.

SIGNATURES

DEPARTMENT HEAD:	_____	Date _____
SCHOOL DEAN	_____	Date _____
*INSTRUCTIONAL SPECIALIST	_____	Date _____
**DEAN, ACADEMIC SERVICES	_____	Date _____
**ARTICULATION OFFICER	_____	Date _____