



## COURSE APPROVAL FORM COVER SHEET

\_\_\_\_\_  
**SCHOOL**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**COURSE ALPHA, NUMBER, TITLE**

\_\_\_\_\_  
**AUTHOR**

\_\_\_\_\_  
**DATE SUBMITTED**

Check the action to be taken and have the indicated people sign.

- ☐ Course Adoption - all signatories  
☐ Course Substantive Revision - all signatories except President

APPROVED BY	NAME	APPROVED	DISAPPROVED	DATE	ACTION*
DEPARTMENT CHAIR		<input type="checkbox"/>	<input type="checkbox"/>		
ADVISORY COMMITTEE/ SUBJECT/INDUSTRY EXPERT		<input type="checkbox"/>	<input type="checkbox"/>		
REGISTRAR	Patrick L. Clymer	<input type="checkbox"/>	<input type="checkbox"/>		
DEAN		<input type="checkbox"/>	<input type="checkbox"/>		
LEARNING OUTCOMES COMMITTEE CHAIR	R. Gary Hartz	<input type="checkbox"/>	<input type="checkbox"/>		
VP, ACADEMIC AFFAIRS	R. Ray D. Somera, Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>		
PRESIDENT	Mary A. Y. Okada, Ed.D.	<input type="checkbox"/>	<input type="checkbox"/>		

\* Indicate if the document had no corrections (NC), was approved with minor corrections (WC), or was disapproved and returned back to author (BTA).

This version of the cover sheet facilitates the eventual transition to an all-online curricula approval process.

## **COURSE APPROVAL FORM FOR ADOPTION AND SUBSTANTIVE REVISION**

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### **I. TYPE OF ACTION**

Check the type of action that applies. If previous Course Guide exists, please attach.

- A. ☐ Adoption
- B. ☐ Substantive Revision (attach electronic copy of current Course Guide)

The numbers listed next to the changes below may or may not require a response and they have been identified as those questions most likely needing to be addressed. The entire Course Guide should be reviewed for applicability.

- ☐ Change in number of credit hours: II, IVD, VII, VIII, IX, X, XI, XII
- ☐ Change in prerequisite(s) other than prerequisite(s) offered within your department: II, IVD, VII, VIII, IX, X, XI, XII
- ☐ Substantive change in course content: II, IVD, VII, VIII, IX, X, XI, XII
- ☐ Identify specific changes not listed above:

### **II. INTRODUCTION**

The course is connected to the following program(s):

- A. The course is connected to \_\_\_\_\_ Career Cluster and \_\_\_\_\_ Career Pathway

### **III. COURSE DESCRIPTION & STUDENT LEARNING OUTCOMES**

This course description will appear in the College Catalog followed by the Student Learning Outcomes-Course Level.

Course Description:

If the description above is a revision, attach a copy of the current catalog page(s) to be revised.

Catalog Year: \_\_\_\_\_ Page Numbers: \_\_\_\_\_

#### **STUDENT LEARNING OUTCOMES – COURSE LEVEL (LIST 3-5 )**

Upon successful completion of this course, students will be able to:

1.

- ☐ These SLOs are aligned to States' Career Cluster Initiatives (SCCI) ([www.careerclusters.org](http://www.careerclusters.org)) standards.

### **IV. RATIONALE FOR PROPOSAL**

If this course is connected to a program, answer A, D and E. If this course is not connected to a program, answer A-D.

- A. Reason this proposal should be adopted in light of the College's mission statement and educational goals
- B. An assessment of Industry or Community need

- C. Conformity of this course to legal and other external requirements. Include articulation agreements, State Voc/Tech requirements, accrediting agency standards, State Board regulations, professional certification or licensing requirements if applicable
- D. Results of course and course guide evaluation.
- E. Program requirements (associate degree, certificate, diploma) served by this course

**V. RESOURCE REQUIREMENTS AND COSTS (PENDING AVAILABILITY OF FUNDS)**

- A. Resources (materials, media, and equipment) and costs
- B. Personnel requirements (administrative, instructional and support staff) and costs
- C. Facility requirements and costs
- D. Funding source(s)
- E. Impact, financial or otherwise, this course may have on the School/College

**VI. IMPLEMENTATION SCHEDULE**

- A. Implementation date
  - \* Document must be approved by second week of March to be effective following fall semester or second week of October to be effective following spring semester.
- B. Course Offering: **Fall Only**  
**Every Year**

**VII. COURSE DESCRIPTION**

- A. Course
  - Alpha:
  - Number:
- B. Course Title(s)
  - Long Title:
  - Abbreviated Title (20 characters maximum):
- C. Contact Hours and Number of Students
  - Maximum Number of Students:
  - Lecture Hours:
  - Lab Hours (state category 1 or 2):
  - Clinical:
  - Other:
  - Total Hours:
- D. Number/Type of Credits
  - Carnegie Units: per semester
  - Semester Hours: per semester
- E. Catalog Description (Moved to Section III. See page 2)
- F. Prerequisite(s)
- G. Co-requisites(s)
- H. Articulation
  - Secondary Programs/Courses
  - University of Guam
  - Others

- I. Target Population
- J. Cost to Students (specify any lab fees)

**VIII. COURSE DESIGN**

**IX. COURSE OUTLINE**

**X. STUDENT LEARNING OUTCOMES - DETAILED (based on Course Outline)**

**XI. MEANS OF ASSESSMENT AND CRITERIA FOR SUCCESS**

**XII. TEXTBOOK REFERENCE, EQUIPMENT AND SUPPLIES**

- A. Required Textbook(s)
- B. Reference(s) and Bibliography
- C. Equipment/Facilities
- D. Instructional Supplies
- E. Has the Advisory Committee reviewed and concurred with the materials, content, and assessment used for this course?
  - ☐ Yes
  - ☐ NoComments: