

Appendix A



POSTSECONDARY COURSE CURRICULUM

Click here to enter text.

Course Title (Alpha, Number, Course Title)

*if applicable, please indicate, former title of course in parenthesis

Click here to enter text.

School

Click here to enter text.

Department

Click here to enter text.

Author(s)

Click here to enter text.

Date Submitted

Identify action to be taken below:

Substantive Revision (SR) - all signatories except President

Final approval is given when approved by individual reviewers is verified in **Acalog** version auditing.

Course Curriculum

I. TYPE OF ACTION

Select the type of action that applies.

A. ☐ **ADOPTION**

B. ☐ **SUBSTANTIVE REVISION** (attach a copy of the most recently approved course curriculum and update the following Information)

Select all that apply:

- ☐ Change in number of credit hours
- ☐ Change in prerequisite(s) that are outside the department
- ☐ Substantive change in course content
- ☐ Change (addition, revision, etc.) in Student Learning Outcomes (SLOs)
- ☐ Describe above changes and specify changes not listed above
[Click here to enter text.](#)

C. **NON-SUBSTANTIVE REVISION** (attach a copy of the most recently approved course curriculum and update the following Information)

Select all that apply:

- ☐ Change in course alpha, number, or title
NEW: ALPHA NUMBER TITLE
- ☐ Wording change in the catalog course description that does not significantly change the substance
- ☐ Change in the course outline that does not significantly change the Course content
- ☐ Change in course prerequisites where both course and prerequisite are offered within the same Department
- ☐ Change in textbook
- ☐ Other: [Click here to enter text.](#)

D. ☐ **RE-INSTITUTION** (attach a copy of the most recently approved course curriculum and update the following Information)

Justification for course reinstitution:

[Click here to enter text.](#)

Arrangements made for students, in compliance with ACCJC Standard II.A.15.

[Click here to enter text.](#)

II. INTRODUCTION

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

Click here to enter text.

Please check appropriate box:

- A. ☐ This is a CTE course and is aligned with Click here to enter text.
Career Cluster and Click here to enter text. Career Pathway.

(See <http://www.careertech.org/career-clusters/glance/clusters-occupations.html> for more information)

- B. ☐ This course is a **proposed** General Education course.

III. COURSE DESCRIPTION & STUDENT LEARNING OUTCOMES

This course description will appear in the College Catalog followed by the Student Learning Outcomes-Course Level.***Refer to Student Learning Outcomes (SLO) Handbook in developing SLOs** (available on the Worklife tab on MyGCC).

A. COURSE DESCRIPTION:

Click here to enter text.

B. STUDENT LEARNING OUTCOMES – COURSE LEVEL (LIST 3-5)

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

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

☐ These SLOs can be measured and learning is demonstrated.

☐ These SLOs align to States' Career Cluster Initiatives (SCCI) (www.careertech.org/) standards.

IV. RATIONALE FOR PROPOSAL

- A. Reason this proposal should be adopted in light of the College's mission statement and educational goals
Click here to enter text.
- B. An assessment of industry or community need
Click here to enter text.
- C. Conformity of this course to legal and other external requirements. Include articulation agreements, Guam State CTE requirements, accrediting agency standards, State Board regulations, professional certification or licensing requirements, if applicable.
Click here to enter text.
- D. Results of course evaluation that supports request
Click here to enter text.
- E. Program requirements (associate degree, certificate, diploma) served by this course
Click here to enter text.

V. RESOURCE REQUIREMENTS AND ESTIMATED COSTS

- A. Resources (materials, media, and equipment) and costs
[Click here to enter text.](#)
- B. Facility requirements and costs
[Click here to enter text.](#)
- C. Does the proposed curriculum meet the requirements for Title IV Federal Student Aid?
☐ Yes ☐ No Comments: [Click here to enter text.](#)

VI. IMPLEMENTATION SCHEDULE

- A. Implementation date: [Click here to enter text.](#)
*Document must be approved by the **second week of March** for implementation the following **fall semester** OR the **second week of October** for implementation the following **spring semester**. A time period outside of these deadlines is subject to VPAA approval.*
- B. Course Offering: [Click here to enter text.](#)

VII. COURSE DESCRIPTION

A. COURSE:

ALPHA **NUMBER**
[Click here to enter text.](#) [Click here to enter text.](#)

B. COURSE TITLE(S):

Long Title: [Click here to enter text.](#)

Abbreviated Title (30 characters maximum): [Click here to enter text.](#)

C. CONTACT HOURS

| | Delivery Format *indicate type below | If applicable, Lab Category *Category 1 and 2 as defined in the 2017-2023 GCC Faculty BOT Contract, Article XVIII.B.4.a.2. | Contact Hours |
|---|--|--|---|
| 1 | <input type="checkbox"/> Lecture: | | Click here to enter text. |
| 2 | <input type="checkbox"/> Online/DE: | | Click here to enter text. |
| 3 | <input type="checkbox"/> Hybrid: | | Click here to enter text. |
| 4 | <input type="checkbox"/> Clinical: | | Click here to enter text. |
| 5 | <input type="checkbox"/> Practicum: | | Click here to enter text. |
| 6 | <input type="checkbox"/> Lab : Category 1 — Instructional Labs The equivalent of an academic course taught in a lab environment. Direct Instruction fills the entire class period. Category 2 — Lecture/ Application/ Practice Labs Seventy-five (75%) of lecture course. Lecture and Practice sessions are clearly identified as separate activities. | <input type="checkbox"/> Lab 1 <input type="checkbox"/> Lab 2 | Click here to enter text. |
| | | TOTAL HOURS: | Click here to enter text. |

D. NUMBER/TYPE OF CREDITS

Carnegie Units: [Click here to enter text.](#) per semester
Credits: [Click here to enter text.](#) per semester

E. PREREQUISITE(S) [Click here to enter text.](#)

F. CO-REQUISITES(S) [Click here to enter text.](#)

G. ARTICULATION

Secondary Programs/Courses: [Click here to enter text.](#)

University of Guam: [Click here to enter text.](#)

Others: [Click here to enter text.](#)

H. TARGET POPULATION: [Click here to enter text.](#)

VIII. COURSE DESIGN (Instructional method - e.g. traditional (face-to-face) or non-traditional (online or hybrid).

[Click here to enter text.](#)

IX. COURSE OUTLINE

[Click here to enter text.](#)

X. MEANS OF ASSESSMENT AND CRITERIA FOR SUCCESS

[Click here to enter text.](#)

XI. TEXTBOOK REFERENCE, EQUIPMENT AND SUPPLIES

*When considering a change of textbook, attach a certification of the number of existing textbooks from the GCC bookstore. (Appendix E)

A. Required Textbook(s)

Title: [Click here to enter text.](#)

ISBN-10: [Click here to enter text.](#)

B. Reference(s) and Bibliography

[Click here to enter text.](#)

C. Equipment/Facilities

[Click here to enter text.](#)

D. Instructional Supplies Needed

[Click here to enter text.](#)

E. ☐ Advisory Committee reviewed and concurred with the materials, content, and assessment used for this course. (attach Advisory Committee written feedback i.e., Advisory Committee meeting minutes.

Comments:



SECONDARY COURSE CURRICULUM

Click here to enter text.

Course Title (Alpha, Number, Course Title)

*if applicable, please indicate former title of course in parenthesis

Click here to enter text.

School

Click here to enter text.

Department

Click here to enter text.

Author(s)

Click here to enter text.

Date Submitted

Identify action to be taken below:

Substantive Revision (SR) - all signatories except President

| | APPROVED BY NAME | APPROVED | DISAPPROVED | DATE | ACTION |
|----------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------|
| DEPARTMENT CHAIR | Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter a date. | |
| REGISTRAR | Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter a date. | |
| DEAN | Click here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter a date. | |
| VP, ACADEMIC AFFAIRS | Dr. R. Ray D. Somera | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter a date. | |
| PRESIDENT | Dr. Mary A.Y. Okada | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter a date. | |

Secondary Course Curriculum

I. TYPE OF ACTION

Select the type of action that applies.

- A. ☐ **ADOPTION** (attach a copy of the most recently approved course curriculum and update the following Information)
- B. ☐ **SUBSTANTIVE REVISION** (attach a copy of the most recently approved course curriculum and update the following Information)

Select all that apply:

- ☐ Change in number of credit hours
- ☐ Change in prerequisite(s) that are outside the department
- ☐ Substantive change in course content
- ☐ Change (addition, revision, etc.) in Student Learning Outcomes (SLOs)
- ☐ Describe above changes and specify changes not listed above

[Click or tap here to enter text.](#)

- C. **NON-SUBSTANTIVE REVISION** (attach a copy of the most recently approved course curriculum and update the following Information)

Select all that apply:

- ☐ Change in course alpha, number, or title.
NEW: ALPHA NUMBER TITLE
- ☐ Wording change in the catalog course description that does not significantly change the substance
- ☐ Change in the course outline that does not significantly change the Course content
- ☐ Change in course prerequisites where both course and prerequisite are offered within the same Department
- ☐ Change in textbook
- ☐ Other [Click or tap here to enter text.](#)

- D. ☐ **RE-INSTITUTION** (attach a copy of the most recently approved course curriculum and update the following Information)

Justification for course reinstitution:

[Click here to enter text.](#)

Arrangements made for students, in compliance with ACCJC Standard II.A.15.

[Click here to enter text.](#)

II. INTRODUCTION

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

Click here to enter text.

Please check appropriate box:

- A. ☐ This is a CTE course and is aligned with Click here to enter text.
Career Cluster and Click here to enter text. Career Pathway.

(See <http://www.careertech.org/career-clusters/glance/clusters-occupations.html> for more information)

III. COURSE DESCRIPTION & STUDENT LEARNING OUTCOMES

This course description will appear in the College Catalog followed by the Student Learning Outcomes-Course Level. Refer to Student Learning Outcomes (SLO) Handbook in developing SLOs (available on the Worklife tab on MyGCC).

A. COURSE DESCRIPTION:

Click here to enter text.

B. STUDENT LEARNING OUTCOMES – COURSE LEVEL (LIST 3-5)

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

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

☐ These SLOs can be measured and learning is demonstrated.

☐ These SLOs align to States' Career Cluster Initiatives (SCCI) (www.careertech.org/) standards.

IV. RATIONALE FOR PROPOSAL

- A. Reason this proposal should be adopted in light of the College's mission statement and educational goals
Click here to enter text.
- B. An assessment of industry or community need
Click here to enter text.
- C. Conformity of this course to legal and other external requirements. Include articulation agreements, Guam State CTE requirements, accrediting agency standards, State Board regulations, professional certification or licensing requirements, if applicable.
Click here to enter text.
- D. Results of course evaluation that supports request
Click here to enter text.
- E. Program requirements (associate degree, certificate, diploma) served by this course
Click here to enter text.

V. RESOURCE REQUIREMENTS AND ESTIMATED COSTS (PENDING FUNDING AVAILABILITY)

- A. Resources (materials, media, and equipment) and costs
Click here to enter text.
- B. Facility requirements and costs
Click here to enter text.
- C. Does the proposed curriculum meet the requirements for Title IV Federal Student Aid?
☐ Yes ☐ No Comments: Click here to enter text.

VI. IMPLEMENTATION SCHEDULE

- A. Implementation date: Click here to enter text.
Document must be approved by the second week of March for implementation the following fall semester. A time period outside of this deadline is subject to VPAA approval.
- B. Course Offering: Click here to enter text.

VII. COURSE DESCRIPTION

A. COURSE :

ALPHA **NUMBER**
Click here to enter text. Click here to enter text.

B. COURSE TITLE(S):

Long Title: Click here to enter text.

Abbreviated Title (30 characters maximum): Click here to enter text.

C. CONTACT HOURS AND NUMBER OF STUDENTS

| | Delivery Format *indicate type below | If applicable, Lab Category <small>*Category 1 and 2 as defined in the 2017-2023 GCC Faculty BOT Contract, Article XVIII.B.4.a.2.</small> | Contact Hours |
|---|--|---|---------------------------|
| 1 | <input type="checkbox"/> Lecture: | | Click here to enter text. |
| 2 | <input type="checkbox"/> Online/DE: | | Click here to enter text. |
| 3 | <input type="checkbox"/> Hybrid: | | Click here to enter text. |
| 4 | <input type="checkbox"/> Clinical: | | Click here to enter text. |
| 5 | <input type="checkbox"/> Practicum: | | Click here to enter text. |
| 6 | <input type="checkbox"/> Lab : Category 1 — Instructional Labs The equivalent of an academic course taught in a lab environment. Direct Instruction fills the entire class period. Category 2 — Lecture/ Application/ Practice Labs Seventy-five (75%) of lecture course. Lecture and Practice sessions are clearly identified as separate activities. | <input type="checkbox"/> Lab 1 <input type="checkbox"/> Lab 2 | Click here to enter text. |
| | | TOTAL HOURS: | Click here to enter text. |

Carnegie Units: Click here to enter text. per semester
Credits: Click here to enter text. per semester

E. PREREQUISITE(S) Click here to enter text.

F. **CO-REQUISITES(S)** [Click here to enter text.](#)

G. **ARTICULATION**

Secondary Programs/Courses: [Click here to enter text.](#)

University of Guam: [Click here to enter text.](#)

Others: [Click here to enter text.](#)

H. **TARGET POPULATION:** [Click here to enter text.](#)

VIII. COURSE DESIGN (Instructional method - e.g. traditional (face-to-face) or non-traditional (online or hybrid))

[Click here to enter text.](#)

IX. COURSE OUTLINE

[Click here to enter text.](#)

X. MEANS OF ASSESSMENT AND CRITERIA FOR SUCCESS

[Click here to enter text.](#)

XI. TEXTBOOK REFERENCE, EQUIPMENT AND SUPPLIES

*When considering a change of textbook, attach a certification of the number of existing textbooks from the GCC bookstore. (Appendix E)

A. Required Textbook(s)

Title: [Click here to enter text.](#)

ISBN-10: [Click here to enter text.](#)

B. Reference(s) and Bibliography

[Click here to enter text.](#)

C. Equipment/Facilities

[Click here to enter text.](#)

D. Instructional Supplies Needed

[Click here to enter text.](#)

E. ☐ Advisory Committee reviewed and concurred with the materials, content, and assessment used for this course. (attach Advisory Committee written feedback i.e., Advisory Committee meeting minutes.

Comments: [Click here to enter text.](#)



Continuing Education & Workforce Development

CE-Specific - Course Approval form

SCHOOL

DEPARTMENT

COURSE ALPHA, NUMBER, TITLE

AUTHOR

DATE SUBMITTED

Check the action to be taken and have the indicated individuals sign on the space provided below.

☐ Course Adoption

☐ Course Substantive Revision

| APPROVED BY | NAME | APPROVED | DISAPPROVED | DATE |
|---|-------------------------|--------------------------|--------------------------|------|
| DEPARTMENT CHAIR/PROGRAM SPECIALIST | | <input type="checkbox"/> | <input type="checkbox"/> | |
| DEAN | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASSISTANT DIRECTOR Continuing Education & Workforce Development | Rowena E. Perez | <input type="checkbox"/> | <input type="checkbox"/> | |
| VP for ACADEMIC AFFAIRS | R. Ray D. Somera, Ph.D. | <input type="checkbox"/> | <input type="checkbox"/> | |
| REGISTRAR | Tina E. Quinata | <input type="checkbox"/> | <input type="checkbox"/> | |

CE-SPECIFIC COURSE APPROVAL FORM

FOR ADOPTION AND SUBSTANTIVE REVISION

I. TYPE OF ACTION

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

A. ☐ Adoption

B. ☐ Substantive Revision (attach Adoption 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):

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.
- 2.
- 3.
- 4.
- 5.

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

- 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

- C. 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.
- D. Course Offering:

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 Needed

- E. Has the Advisory Committee reviewed and concurred with the materials, content, and assessment used for this course? Attach meeting minutes; this is a mandatory requirement.

☐ Yes

☐ No

Comments:



Continuing Education & Workforce Development

CE-Specific CEU or NOT FOR credit Course

Approval / Modification Form

SCHOOL

DEPARTMENT

COURSE ALPHA, NUMBER, TITLE

AUTHOR

DATE SUBMITTED

Check the action to be taken and obtain required signatures for approval.

- ☐ Course Adoption: **Comments:**
☐ Course Non-substantive Revision: **Comments:**
☐ Course Substantive Revision: **Comments:**

| APPROVED BY | NAME | APPROVED | DISAPPROVED | DATE |
|---|-------------------------|--------------------------|--------------------------|------|
| DEPARTMENT CHAIR / PROGRAM SPECIALIST | | <input type="checkbox"/> | <input type="checkbox"/> | |
| DEAN | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASSISTANT DIRECTOR Continuing Education & Workforce Development | Rowena Perez | <input type="checkbox"/> | <input type="checkbox"/> | |
| VP for ACADEMIC AFFAIRS | R. Ray R. Somera, Ph.D. | <input type="checkbox"/> | <input type="checkbox"/> | |
| REGISTRAR | Tina E. Quinata | <input type="checkbox"/> | <input type="checkbox"/> | |

CE-SPECIFIC CEU or NOT FOR CREDIT COURSE APPROVAL/ MODIFICATION FORM

I. COURSE ALPHA/TITLE:

II. CONTACT HOURS:

III. ☐ ____ CEU(s) ☐ Non For Credit

IV. 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:

SLO 1:

SLO 2:

SLO 3:

SLO 4:

SLO 5:

V. STUDENT LEARNING OUTCOMES – DETAILED (BASED ON COURSE OUTLINE)

VI. TEXTBOOK REFERENCE, EQUIPMENT AND SUPPLIES

- A. Required Textbook(s):
- B. Reference(s) and Bibliography:
- C. Equipment/Facilities:
- D. Instructional Supplies:

Guide To Completing Course Curriculum

Use this guide as you complete the Course Curriculum Form; it describes each item that may be necessary for you to address.

- **Only** curriculum forms available on the worklife tab on MyGCC are to be used when proposing curriculum. All other forms will be returned to the Author or Department Chair.
- Integral changes outside the purview of CRC (i.e. Financial Aid) may necessitate an update and change to the course curriculum to ensure College guidelines are met despite submission to **Acalog** the previous academic year(s).
- A Course Guide non-substantive revision or archival action (i.e., adoption, substantive revision, or archival) may necessitate a program change. If that is the case, also complete an appropriate Program Curriculum Form.

Course Guide

COVER SHEET

Fill in the information requested: department name, school name, course alpha/number/title, author(s), and date submitted to the department. Check the type of action requested.

I. TYPE OF ACTION

Select the type of curriculum action you are requesting. Attach a copy of the most recently approved course curriculum.

II. INTRODUCTION

Provide information about the course's relationship to instructional programs.

- A. List the program(s) or programs of study to which the course is connected.
Is the course a Technical Requirement or a Related Technical or General Education Requirement for a program? If it is required by a program, the course is considered to be connected to that program or program of study.
- B. Indicate if the curriculum is a proposed General Education course, if applicable.

III. COURSE DESCRIPTION AND STUDENT LEARNING OUTCOMES

- A. Course Description: Include course description. This course description will appear in the college catalog
- B. Student Learning Outcomes: List three to five Student Learning Outcomes of the course. Refer to the SLO Handbook found on the **Worklife** tab in MyGCC for assistance in developing SLOs.

IV. RATIONALE FOR PROPOSAL

Provide the rational for the action requested.

- A. Reason for Proposal:
Describe why this action should be taken. Base your rationale upon the GCC Mission Statement, institutional goals and/or plans and occupational requirements.
- B. Assessment of Industry or Community need:
Describe the employment outlook for this course area. To what job titles will this course apply? What is the salary level? Are these jobs in demand on Guam? What is the future for these jobs on Guam? How many and what courses will the student need to complete before minimal job qualification is reached?
- C. Conformity of this course to legal and other external requirements:

Describe how this course conforms to legal, occupational, or educational requirements. Is the course title or course content listed in articulation agreements, State Board regulations, or professional certification or licensing requirements?

D. Results of course evaluation that supports request:

Describe the results of any evaluation of offerings as a special project course. Data may include: How many students were enrolled? How many completed the course? Did enrollment meet expectations in terms of numbers and student background (prerequisite knowledge and skills)? Is the course outline satisfactory? What was successful? What was difficult and should be changed?

E. Program Requirements:

Identify degree, certificate, or diploma programs for which this course is either a Technical Requirement or a Related Technical or General Education Requirement. How many and what kind of program credits does the course satisfy? Is the course to be added to the Catalog list of general education courses?

V. RESOURCE REQUIREMENTS

Provide the information about required resources.

Note: These resource requirement requests will be coursed through appropriate channels and subject to funding availability.

A. Resources:

List needed materials, media, equipment and their associated costs. Equipment should be specific to occupations for which training is provided. Include maintenance costs for equipment, if applicable.

B. Facility Requirements:

Describe classroom and/or laboratory stations/space required to offer this course.

C. Title IV Federal Student Aid:

Indicate whether or not the proposed curriculum meets requirement for Title IV Federal Student Aid.

VI. IMPLEMENTATION SCHEDULE

A. Implementation Date:

Indicate the first term that the course will be offered when approved

B. Course Offering:

Indicate how often the course will be offered and in which semester/year.

VII. COURSE DESCRIPTION

A. Course:

Write the course alpha and number. Consult the Registrar for information regarding selection of the alpha and number.

B. Course Title:

Write two course titles: 1) may be longer than 30 characters, and 2) must be less than 30 characters. The data entry system used by the Registrar is programmed to accept entries with titles no greater than 30 characters. There are times, however, when it is desirable to have a longer course title to convey more about the course (i.e., catalog entry, recruiting purposes, etc.). You must, however, provide the Registrar with a title of 30 characters or less to be used for data entry.

C. Contact Hours:

For delivery format indicate whether course is a clinical, hybrid, lab, lecture, online, or practicum. If lab, identify whether it is a Category 1 or Category 2 lab. Indicate the number of student contact hours required for this course. These hours refer only

to the hours that the student is expected to be in class (outside study time is not included).

D. Number/Type of Credits:

Write the number and type of credits that the student will receive upon successful completion of the course. Refer to Credit Hour – Policy 345 found in the Appendices section of this document. Contact the Registrar when determining credit for Adult High School courses or for other questions.

E. Prerequisite(s):

List and describe any prerequisites required for this course. Does entry into this course require that the student have had any prior training, coursework, certificate, licensure, health clearance (other than that required by GCC), a specific reading level, age, or other special attribute? If so, list and describe the prerequisite(s). EN110 is a pre-requisite for all non-CTE courses 200 level and above.

F. Co-requisite(s):

List and describe any co-requisites required for this course. Is there a requirement that the student be involved in another activity in conjunction with enrollment in this course? Does the student need to enroll in another course while taking this course?

G. Articulation:

Describe any articulation agreements related to this course that have been made or are anticipated, if any. What articulation benefits can a student expect after completing this course? Is the course currently on the articulation list for transfer to UOG? Does the course articulate with DOE or GCC secondary courses? Is there articulation between GCC secondary and postsecondary courses or programs? Is there a Dual Credit Articulated Program of Study (DCAPS) Agreement?

H. Target population:

Describe the target population for course enrollment.

VIII. COURSE DESIGN

The Course Guide is provided to an instructor—it serves as the instructor's guide in organizing and implementing the course. In this section, provide information that the instructor will need in order to teach the *course*. Describe the course design. Describe recommended instructional methods and/or experiences needed to achieve the outcomes. Describe any required instructional supplies and equipment and how the instructor might obtain them. Describe how this course relates to other courses in a program.

IX. COURSE OUTLINE

Write the course outline. Outlines may be either topical or chronological. Note that every item on the course outline requires a matching competency. The numbering system used in the course outline and for the competencies should match.

X. MEANS OF ASSESSMENT AND CRITERIA FOR SUCCESS

Describe the student evaluation methods, criteria, standards, and instruments that all instructors teaching this course must follow. Do not limit this response to your specific evaluation system for this course. Are there departmental evaluation standards the instructor must follow? Does the evaluation system comply with outcome-based learning? Will instructors develop their own course evaluation criteria, weighing system, and procedures, or will the department prescribe guidance? Will instructors use examination developed by industry partner? Identify technical skill attainment/state/national certificate the student may sit for upon completion of course or

program. Identify means of collecting data annually to report the number of students that sit for and attain the certification.

XI. TEXTBOOK REFERENCE, EQUIPMENT, AND SUPPLIES

A. Required Textbook(s)

When considering a change of textbook, attach a certification of the number of existing books from the GCC bookstore. (Appendix E)

List the required textbook for the course. The textbook reference must include the complete citation; use correct bibliographical form. The ISBN number must be added. The phrase "or latest edition" may allow your department to order newer editions of the textbook without submitting a Non-substantive revision form.

Supplemental student references must also be listed. Example of format: Jones, J. (2008). *Essentials of Electronics*. San Francisco, CA: Mosby.

B. Reference(s) and Bibliography

List instructional references to be used by the instructor and provide a bibliography for further study by students.

C. Equipment/Facilities

List necessary equipment or specialized facilities needed for the course.

D. Instructional Supplies

Other than regular teaching supplies, e.g. pens, paper, etc., list any supplies needed by the instructor and/or student. Specify whether the student provides the items. Are student costs for the items reflected in the Course Curriculum (VII. I. Cost to Students).

E. Indicate whether or not your Advisory Committee reviewed and concurred with the materials used for this course and write comments if applicable. Attach Advisory Committee minutes to support proposed curriculum change for all Career and Technical Education (CTE) and Adult Education curriculum