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	☐ Lecture:		Click here to enter text.
2	☐ Online/DE:		Click here to enter text.
3	☐ Hybrid:		Click here to enter text.
4	☐ Clinical:		Click here to enter text.
5	☐ Practicum:		Click here to enter text.
6	☐ 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.	☐ Lab 1 ☐ Lab 2	Click here to enter text.
	TOTAL HOURS:		Click here to enter text.