

## REQUEST FOR COURSE APPROVAL

All requests for new courses and / or changes must be submitted to the Curriculum Committee for approval **AFTER** receiving approval from the appropriate supervisor and Vice-President of Instruction & Student Services. Attach a copy of the syllabus and a list of primary student competencies / outcomes.

**Date of Submission:** \_\_\_\_\_ **Proposed Course Initiation (Semester/Year):** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

**Revised Course Title:** \_\_\_\_\_

**Prerequisite Courses:** \_\_\_\_\_

**Brief description of course (or change) and its purpose:**

**Check all that apply:**

**Course Information:**     New Course     Cr Hr Change     Title Change     Inactive → Active

**Classification:**     Academic     Vocational     Remedial / Developmental

**Program & CIP Code:** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_    **Revised Credit Hours:** \_\_\_\_\_    **Contact Hrs:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(signature required)

*Approvals required before submission to Curriculum Committee*

\_\_\_\_\_  
Instructional Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Counseling / Advising  
*System-Wide Transferable Y / N*

\_\_\_\_\_  
Date  
**KSRN #:** \_\_\_\_\_

\_\_\_\_\_  
Vice-President of Instruction & Student Services

\_\_\_\_\_  
Date

**FOR CURRICULUM COMMITTEE USE ONLY**

Approved     Denied     No Action

Academic     Vocational     Remedial/Developmental

Comments:

\_\_\_\_\_  
Curriculum Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Workforce Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date