Curriculum Review Committee

Curriculum Manager
email: curriculum@gbcnv.edu

Change Existing Course Form

SECTION 1: SUBMITTER INFORMATION

Name of Submitter: _____ Phone Number: _____

E-Mail Address: _____ Submission Date: _____

Department: _____GBC Center: _____Building & Room #_____

Have you received approval from Department?   Yes   No

If you have not received approval, do not submit to the Curriculum Manager.

SECTION 2: CHANGE(S) TO AN EXISTING COURSE

Syllabus must be included with this form.

If you are changing an existing GBC course so that it has general education status, <u>DO NOT PROCEED</u>.   This request would go to the General Education Committee.

Effective Term: _____ Subject and Catalog Number (ex. ACC 201):

Current Full Course Title: _____

New Full Course Title: _____

Abbreviated Course Title (30 characters or less):

Credit Change? :   Yes   No

Current Credits: Fixed Credits _____   Variable Credits _____ to _____

New Credits: Fixed Credits _____   Variable Credits _____ to _____

Is this a discipline change?   Yes   No

Current Discipline**: _____   **New** Discipline**: _____

Is this a prefix change?   Yes   No

Current Prefix: _____   New Prefix: _____

Is this a course number change?   Yes   No

Current Course Number: _____ New Course Number: _____

Will this be cross-listed with another course?   Yes   No

If yes, what course: _____

Will this be a general education course?   YES   NO **(**If yes, list the general education objective it fulfills.)

_____

Date approved by the General Education Committee: _____

Is this a grading basis change?   Yes   No

Current grading basis: A-F   S/U   New grading basis: A-F   S/U

Change to Transferability?	Course is NON-TRANSFERABLE (Formally called a "B" course)	**Current:**	**New:**
	Course is TRANSFERABLE for any NSHE Baccalaureate degree		

Change to Repeatability?	A student may earn credit(s) for this course only one time and can retake this course to improve a grade, but will not receive credit more than once. **OR**
	A student may repeat this course for credit up to a total of credits _____ **OR** up to a total number of completions _____.

Is this a change to: **Prerequisite**   **Co-requisite**   **or both** (Use "and" or "or" between each req.)
Current Prerequisite or Co-requisite   **New** Prerequisite or Co-requisite

Change to Dept. Consent Required?   Yes   No   **Current:**   **Yes**   No   **Newly required:**   **Yes**   **No**

Catalog description change? (if not, leave blank)   If so, it must be identical to the catalog description on the syllabus.

Will this change effect a program requirement?   Yes   No

Briefly describe proposed changes compared to current requirements and list affected programs below: (Note: each program must submit a program change form to the Articulation Officer.

SECTION 3: APPROVALS

Submitter	**Department Chair**
Name_____	Name_____
Signature: _____	Signature: _____
Date: _____	Date: _____

This form will not be accepted without the above signatures.

Curriculum Review Chair	**Curriculum Manager**
Name_____	Name_____
Signature: _____	Signature: _____
Date: _____	Date: _____
Dean	**Vice President of Student and Academic Affairs**
Name_____	Name_____
Signature: _____	Signature: _____
Date:_____	Date: _____