Core Curriculum Course Change Form

For instructions, please see *Guidelines for Core Curriculum Course Approval* at http://www.shepherd.edu/core-curriculum/

ADD (complete **ALL** sections)	**CHANGE** (complete **ALL** sections)	**DELETE** (complete sections 1 & 3)

SECTION 1   Provide course information reflected in the current catalog or C&I proposal

COURSE TITLE:

COURSE #	# of CREDITS:	PREREQUISITES:

Department:	Contact:	
	Email:	Phone:
CHANGES EFFECTIVE:	SEMESTER:	YEAR:

SECTION 2

FIRST TIER	**SECOND TIER**	**THIRD TIER**
Written English	Arts (AR)	
Mathematics (MA)	Humanities (HM)	Capstone in the Major (CP)
History	Social Sciences (SO)	
Science (LS)	Wellness (WE)	
First-Year Experience (FY)	Writing in the Major (WM)	

CHECK THE COMPETENCIES THIS COURSE WILL MEET (MORE THAN ONE (1) MAY APPLY)

Critical Thinking	Information Literacy	Global Understanding & Respect (GL)
Creative Thinking	Collaboration/Teamwork	Multiculturalism & Diversity (MD)
Oral Communication	Problem Solving	Ethical Practice & Ethical Reasoning
Written Communication	Lifelong Learning	Experiential Learning
Quantitative Literacy	Civic Knowledge & Engagement (CK)	Wellness

ATTACH AN EXPLANATION FOR HOW THE COURSE SATISFIES/JUSTIFIES THE COMPETENCIES INDICATED ABOVE.

Expected # of SECTIONS offered per academic year:	Expected MAXIMUM # of STUDENTS per SECTION:

IDENTIFY course **FREQUENCY** with **SEMESTER OFFERED**	Every semester	Fall	Spring	Summer

Has this course been **APPROVED** by the *Curriculum & Instruction Committee*?   **YES**   **NO**

If **NO**, when is the **ANTICIPATED APPROVAL** date?   Month_____Day_____Year_____

A Tentative COURSE SYLLABUS MUST accompany this form.
ATTACH A COPY OF THE CURRENT CATALOG DESCRIPTION, INSERTING ANY PROPOSED CHANGES.

DESCRIBE ADDITIONAL RESOURCES (personnel, space, equipment, etc.) NEEDED FOR THIS COURSE

SECTION 3

Is this course **REQUIRED** for **MAJORS** in your **DEPARTMENT**?	Yes	No
Is this course **REQUIRED** for **ANY** other **PROGRAM**?	Yes	No

If **YES**, which one(s)?

Reviewed by:

SUPPORT   DO NOT SUPPORT   Dean of School _____   Date: _____

SUPPORT   DO NOT SUPPORT   Chair of PEUC (if required) _____   Date: _____

Approved by:

CHAIR of DEPARTMENT: _____   Date: _____

CHAIR of CORE CURRICULUM: _____   Date: _____

PROVOST: _____   Date: _____

CCC Course Change Form Rev. 04/14/2016