

Appendix 6
APPLICATION FOR COURSE/CURRICULUM CHANGE

Requesting Department _____ Date of Request _____

Chairperson _____ Signature _____

Program Major Code & Title _____

Proposed Date of Change _____ (Semester/Year)

Indicate type of change:

- Local Change Only **OR** State Standards/Combined Course Library Change

Check all that apply.

- Add/Delete Course** (Complete and attach Attachment A and, if needed, Attachment D.)
- Change Educational Plan** (Attach copy of the current Student Educational Plan with changes marked in red ink.) Located on FTCC Web Site.
- Change Semester Sequence** (Attach copy of current sequence with proposed changes marked in red ink.)
- Change Prerequisite/Co-requisite** (Complete and attach Attachment B.)
- Checklist of Substantive Change Triggers** (Review the document for SACS Notification or Prospectus Letter)

****Attach latest Curriculum Standard (obtained from NCCCS Web Site)**

Description and purpose of change:

APPROVED BY:

Program Area Dean

Date

Associate Vice President for Curriculum Programs

Date

Curriculum Committee

Date

Vice President for Academic and Student Services

Date

ATTACHMENT A

REQUEST TO ADD/DELETE COURSE

COURSES TO BE ADDED

Table with 6 columns: Prefix/Number, Title, Lecture, Lab, Clinic/Shop, Credit. Includes four rows of blank lines for data entry.

COURSES TO BE DELETED

Table with 6 columns: Prefix/Number, Title, Lecture, Lab, Clinic/Shop, Credit. Includes four rows of blank lines for data entry.

Does change comply with State Standards? [] Yes [] No

Are other curricula affected by the course changes? [] Yes [] No If yes, please identify:

Chairpersons of affected departments are required to initial below.

Table with 2 columns: Department, Initials. Includes four rows of blank lines for signatures.

Are any of the courses above new to FTCC and being offered for the first time? [] Yes [] No
If yes, please list the courses.

Does the change in the Standard "trigger" a SACS Notification Letter or Prospectus?
[] Yes [] No If yes or unsure, please identify the contact that is working with the Director of Institutional Effectiveness and Assessment to submit the appropriate documentation within the required timeline.

NOTE: The Associate Vice President for Curriculum Programs will submit this request to CASS for approval if a SACS Notification Letter or Prospectus is required.

ATTACHMENT B

REQUEST TO CHANGE PREREQUISITE/CO-REQUISITE

<u>COURSE</u>	<u>PREREQUISITE</u>		<u>CO-REQUISITE</u>	
Prefix/Number	Current	Proposed	Current	Proposed
_____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Does change comply with State Standards? _____

<u>COURSE</u>	<u>PREREQUISITE</u>		<u>CO-REQUISITE</u>	
Prefix/Number	Current	Proposed	Current	Proposed
_____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Does change comply with State Standards? _____

<u>COURSE</u>	<u>PREREQUISITE</u>		<u>CO-REQUISITE</u>	
Prefix/Number	Current	Proposed	Current	Proposed
_____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Does change comply with State Standards? _____

ATTACHMENT D

COURSE DESCRIPTION INFORMATION WORKSHEET

1. **Three Letter Prefix** **Number** **Course Title** (Title: 25 characters maximum including spaces)

2. **First sentence:**
This course
(2 words)

(23 additional words maximum)

3. **Second sentence:**
Topics include
(2 words)

OR Emphasis is placed on
(4 words)

(16-18 additional words maximum)

4. **Third sentence:**
Upon completion, students will be able to (7 words)

(18 additional words maximum)

5. **Fourth sentence:** Local option for clarification.

6. **Prerequisites/Co-requisites:** _____

(Abbreviate when possible.)

Fayetteville Technical Community College

LOCAL CURRICULUM PROGRAM TERMINATION FORM

Date: _____

Curriculum Title: _____

Curriculum Code: _____ Termination Effective Date: _____

Reason(s) for Terminating Curriculum:

_____ **Low Enrollment** **Justification:** _____

_____ **No Enrollment** **Justification:** _____

_____ **Other** **Justification:** _____

Curriculum program is part of an ISA plan. _____ Yes _____ No

Applicable ISA colleges notified of termination. _____ Yes _____ No

This is a formal notice to terminate the curriculum program as identified above.

Signature, Program Chairperson _____
Date

Signature, Division Chairperson _____
Date

Signature, Program Dean _____
Date

Signature, Associate Vice President for Curriculum Programs _____
Date

Signature, Vice President for Academic and Student Services _____
Date