1. Course No. __________ Proposed by __________________________ Date Submitted ____________

2. Short Title (30 characters maximum [Banner]) __________________________________________

3. Long Title (Catalog) __________________________________________________________________

4. Department _____________________________ Discipline(s)_________________________________

5. A. Course will become effective in which semester?   Fall _____ Spring _____ Summer _____ 20_____
   B. Semesters when course will be normally offered:  Fall ____ Spring ____ Summer ____ Inter. ____

6. Does this course replace (or deactivate) another course?  Yes _______  No _______
   If yes: Number and title of course __________________________ When to deactivate? _______

7. A. Units _________
   B. TLUs: Lecture _______ Lab _______
   C. Semester Length hours per week: Lecture _______ Lab _______ PLUS _______
       Total semester hours: _______
   D. Less than semester length hours (Short Courses): Lecture _______ Lab _______
       (18 hrs x units)      (54 hrs x unit)

8. Is this a Technology Mediated Instruction (distance learning) course? Yes _____  No _______
   {If yes, then find required forms on website and attach.}

9. A. Number of plus hours per week _______ How documented? _________________________________
   B. Have the dean for this area and the supervisor for the facility verified that the facility can
       accommodate the students for this course?  Yes _____  No ______

10. Does this course have prerequisites/corequisites ______ advisories ______ limitation on enrollment ______
    {If so, please complete appropriate form(s) A—F available on website} {not class size}

11. If course is repeatable, indicate number of times _______ Justification: __________________________
    ____________________________________________________________
    ____________________________________________________________

12. Maximum number of students in class: _______ Explain if needed: __________________________
    ____________________________________________________________
    ____________________________________________________________

13. This course is: letter graded _______ pass/no pass _______

14. This course is: stand alone _______ degree applicable _______ non-degree applicable _______
    {Courses numbered 100 and below}

15. This course is required _______ elective _______ for a: Degree, Certificate, Skills Competency, or
    Department Award in: ____________________________________________
    {Program Modification form needed.}
16. Justification of the need for this new course: (If necessary, add attachment.) ______________________
_______________________________________________________________________________________
____________________________________________________________________________

17. Are you recommending that this course meet any of the SBCC General Education graduation requirements?  Yes ______ No _______
If yes, which one?  Humanities ______ Natural Science with Lab _______
Language & Rationality ______ Social/Behavioral Science ______

18. Are you recommending that this course meet any of the SBCC institutional requirements?  Yes ______ No _______
If yes, which one?  American Institutions ______ PE/Health Education _______
Oral Communication ______ Math Proficiency ______ Multicultural/Gender ______

19. Are you recommending this course for transfer to: UC_______ CSU ______

20. This course fulfills:  IGETC category _____________ CSU GEB category _____________
This course does not fulfill an IGETC or CSU GEB category ______

21. Codes assigned by Department Dean: SAM Code _____________ TOP Code _____________

22. I have reviewed all appropriate forms and attachments and consulted the curriculum checklist:

Signature of Divisional CAC Representative __________________ Date ____________________

PLEASE ATTACH COMPLETED COURSE OF STUDY OUTLINE TO THIS FORM

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Endorsements  Approvals
******************************************************************************
Department Chair ____________________________________ Date ____________________
CAC Chair __________________________________________ Date ____________________

Department Dean ___________________________________ Date ____________________
CAC Vice Chair ______________________________________ Date ____________________

Articulation Officer __________________________ Date ____________________
EVP, Educational programs __________________________ Date ____________________

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Date Approved by CAC __________________________ Master Course File Number ____________
Course Classification Code _________________________ MCF Entry Date ______ by ____________
Division __________________________