

TO: ALL CHIEF ACADEMIC OFFICERS

**FROM: ELIZABETH ISLER, Programs Director
North Carolina Community College System Office**

**SUBJECT: NEW CURRICULUM APPLICATION PROCEDURES
dated Jan 21, 2000**

The State Board of Community Colleges approved a new Curriculum Application Procedure document on January 21, 2000. The previous version of the Curriculum Application Procedure dated October 16, 1996 is outdated. The previous version of the Curriculum Application Procedure For Concentrations dated January 16, 1998 is outdated.

The new procedures merges the two types of procedures into one document. Complete ALL FIVE sections of the procedures for a standard curriculum application ("**parent**" **program**). Complete Sections I, II, IV, and V for a curriculum application for **Concentrations**. Section III (Feasibility Plan) is NOT required for a concentration application.

Effective March 1, 2000, all curriculum applications that are received in the System Office must follow the new curriculum application guidelines.

Attached is a computer file containing the new Curriculum Application Procedures. The document is in Microsoft Word 97. Please save the file to your hard drive (or network drive). Open the file using the Word 97 wordprocessor software. DO NOT use your e-mail software to view or print the document. If you do not have the software on your computer, ask someone in your Office Systems Technology program for assistance.

The Curriculum Application Procedures will also be part of Section 3 of the Curriculum Reference Manual. All sections of the new manual will be written in Word 97 and saved to 1.44 Mbyte floppy disks. The disks will be distributed at the Instructional Administrators Conference in April 2000.

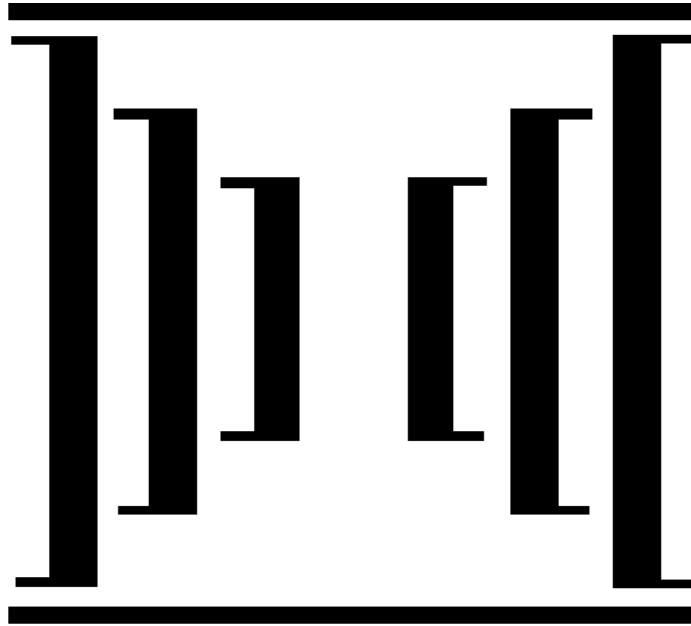
If you have questions, please contact Eldon Meacham.

CEM

CC00-042
E-Mail Copy

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North Carolina Community College System



CURRICULUM PROGRAM APPLICATION PROCEDURES

(includes Procedures for Concentration Program Applications)

(Associate in Applied Science, Diploma, and Certificate)

**Approved by the State Board of Community Colleges
January 21, 2000**

North Carolina Community College System

CURRICULUM PROGRAM APPLICATION PROCEDURES
(includes Procedures for Concentration Program Applications)

(Associate in Applied Science, Diploma, and Certificate)

Approved by the State Board of Community Colleges
January 21, 2000

The State Board of Community Colleges is authorized in 23 2E.0200 of the *North Carolina Administrative Code* (NCAC) to approve programs consistent with the System's mission and to outline procedures for colleges to follow when applying for program approval.

The mission of the North Carolina Community College System, as stated in 23 2B.0100 of the NCAC, is to provide adults in North Carolina with learning opportunities consistent with identified student and community needs. Colleges in the System plan, develop, and implement curriculum programs consistent with their local mission to provide learning experiences for adults and ultimately enhance the workforce of North Carolina.

Colleges seeking curriculum program approval should submit an application using the attached procedures. **All items must be completed and documented as indicated before the program can be considered for approval by the State Board.** Colleges are encouraged to contact the appropriate program coordinator at the System Office in the completion of this application.

Program applications may be submitted at any time. Completed applications received by the first working day of the month will be processed within 90 days. The approval process for applications which are received after the first working day of the month, are incomplete, or require further analysis may exceed this 90-day schedule. Since the State Board normally does not meet in August or December, application processing schedules which include these months may also exceed 90 days.

Three copies of the application with original signatures on each copy should be submitted to:

Vice President for Academic and Student Services
North Carolina Community Colleges System Office
5016 Mail Service Center
Raleigh, North Carolina 27699-5016

North Carolina Community College System
CURRICULUM PROGRAM APPLICATION

Each credential granting college must complete this application

College _____ **Date** _____

Program Code _____
(Not applicable for programs new to the System)

Program Title _____

Concentration Title _____
(If applicable)

Credential (Indicate the highest credential to be awarded)

_____ **AAS** _____ **Diploma** _____ **Certificate**

Proposed Semester and Year of Implementation

Contact Person for the Application

Phone (_____) _____ **Extension** _____ **E-mail** _____

Institutional Certification

This curriculum program will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.

(Community College Name)

has assessed the need for this program and the resources required to maintain a viable program and certifies that the college can operate this program efficiently and effectively within the resources available to the college.

Signature, President *Date*

Signature, Board of Trustees Chair *Date*

Is this a collaborative program application? _____ **Yes** _____ **No**

For collaborative programs, please submit the attached Collaborative Agreement Plan Signature Page (see Attachment 1).

NCCCS Office Use Only

Date Received _____

Date Logged in _____

Date to Coordinator _____

Coordinator _____

North Carolina Community College System
CURRICULUM PROGRAM APPLICATION
PROCEDURES
(includes Procedures for Concentration Program Applications)

All items must be completed and documented as indicated before the program can be considered for approval by the State Board.

I. Program Planning (Required for Concentration Program Applications)

- A. Identify the planning area for the proposed program.
- B. Discuss the purpose of the proposed program and how it relates to the mission, workforce training, and Institutional Effectiveness Plan of the applying college(s).
- C. Notify all community college presidents and the System Office Vice President for Academic and Student Services that the college intends to apply for the proposed program. In the notification, please indicate the intended area to be served by the program, as well as the anticipated starting semester. Allow a two-week response time for those colleges interested in participating in the planning process for this program. Attach a copy of the notification documentation; **Attachment 2** is an example of the notification format which should be used.

A separate notification is required for each program application.

Note: *This notification of the intent to apply for the proposed program does not imply or give proprietary right to any college to offer the proposed program.*

- D. Invite representatives of all colleges expressing an interest to a planning meeting. List the colleges involved and document the outcome of the meeting.
- E. For the purposes of this program, complete the table below to indicate the **reasonable commuting distance** for your community. Justify your response.

Note: **Reasonable commuting distance** is defined as the number of miles and the amount of time that a majority of students would consider feasible to travel to receive training in the proposed program. This distance and time are determined by individual colleges for each proposed program.

Reasonable Commuting Distance for <i>(program title)</i>		
Location of Program	Est. Mileage	Est. Travel Time

- F. Complete an Employment Availability Survey to determine the job opportunities available for graduates of the first two classes from this program. Indicate in the table below the tabulated results of the survey. Indicate in the table below the entry-level salary range for graduates that complete this program.

Tabulated Results of Employment Availability Survey				
	Currently Available	1st Graduating Class	2nd Graduating Class	Entry-Level Salary
Within Planning Area				
Within Service Area				

1. Attach a copy of the Employment Availability Survey that was used.
2. Consolidate the results of the survey and attach a page using the format as indicated below. List the company name, contact person, address, phone number, and the number of current and projected job openings for each of the companies that completed the Employment Availability Survey.
3. Attach other sources of data that were used to support the employment openings identified in the table.

Attachment _____ Consolidated List of Employment Availability Survey Results				
Respondent Information	Number of Positions Available		Salary	
a. Company/Business Name b. Name of Contact Person c. Company Address d. Company Phone Number	Current	Within Two (2) Years	Entry-Level	Average
a. b. c. d.				

- G.** Attach a list of program planning/advisory committee members or key industry representatives involved in the planning of this program. Indicate each member's title, place of employment, address, phone number, and, if applicable, credentials (RN, CPA, PE, RLS, etc.). **Document the role of the committee in the development of this program application.**

II. Impact of the Proposed Program on Other Programs in the System

(Required for Concentration Program Applications)

- A.** List the community colleges (*including off-campus centers and multi-campus sites*) which offer the same or similar training programs and which are located **within a reasonable commuting distance**. Attach documentation of planning efforts with these colleges.

Same or Similar Programs Offered Within a Reasonable Commuting Distance	
College Name	Location

- B.** Describe the applying colleges perceived impact of implementing the proposed program on **all same or similar programs already being offered in the System** (even if the colleges are outside of the reasonable commuting distance). If applicable, specifically address the potential impact on learning experiences (such as clinical) required at sites which must be shared by colleges throughout the System.
- C.** Using the **Impact Assessment Survey Format (Attachment 3)**, survey all colleges identified in IIA and IIB. Attach a copy of the signed Impact Assessment Survey from each responding college. Include any additional pages that contain assessment information or comments from the responding college.
- D.** If the applying college receives any negative responses (original notification or Impact Assessment Survey) include further justification for implementing the proposed program. Attach documentation describing how the issue has been resolved.

III. Feasibility Plan (Not Required for Concentration Program Applications)

Document sources for responses to items in this section. (Examples - business and industry surveys, newspaper surveys, high school aspiration surveys, minutes of meeting with college personnel, etc.).

- A.** Document the number of **potential students** (both full-time and part-time) in the proposed program obtained through a feasibility study. Describe how the survey was distributed and collected (by mail, in high school or college class, distributed by employer). Report the results of the survey respondents who indicated an interest in the new program in the table below. Attach a copy of the sample surveys with tabulated results. **All surveys should be program specific.**

Name of Group (examples)	Number Surveyed	Number of Positive Responses	
		Full-time	Part-time
Anytown High School			
Acme Express Company			
Current College Population			
General Population			

- B.** Based on the information obtained in IIIA, project the full-time and part-time enrollment and enter the projected enrollment for two classes in the table below. (Due to classroom and laboratory restrictions, the numbers in the tables in IIIA and IIIB will not typically be the same.) Describe any restrictions on the enrollment for this program (faculty/student ratio, limited laboratory space, clinical positions, etc.).

	Program Enrollment Capacity	
	1st Class	2nd Class
Full-time		
Part-time		

- C.** Describe the availability of appropriate facilities to house the proposed program, including off-campus (*i.e., industry*) facilities. Document that these are available.
- D.** Attach a list of equipment required to support this program.
- E.** Describe specific requirements for the proposed program. Indicate if any of these items are not applicable.
- Admission requirements** (as related to the specific program)
 - Accreditation/special approval requirements**
 - Clinical site requirements** (if applicable)
 - Faculty requirements**

- 5. **Library Resources**
 - 6. **Other** (as related to the specific program)
- F.** Estimate the institutional costs associated with the proposed program and indicate the totals of both start-up and ongoing costs for equipment, maintenance, and instructional costs. This should include the costs for the instructor(s).

Estimated Costs	
Start-up <i>(include instructor costs)</i>	\$
Ongoing <i>(projected yearly costs)</i>	\$

- G.** Given the estimated start-up costs and projected ongoing costs, describe the applying colleges plan for obtaining the necessary funds to initiate and maintain a viable program over a three-year period. Indicate sources of revenue (State, Federal, special grant) equivalent to the summary of costs which will be used to support the proposed program.
- H.** Provide documentation if the program is justified by other data.

IV. Implementation of Collaboration Plan

(Required for Concentration Program Applications)

- A.** If the applying college intends to collaborate with one or more colleges to offer this program, describe in full the implementation plan. The plan must include operating guidelines for all participant colleges, the location(s) of the program, the method of guaranteeing entry of qualified students from participating colleges, and the designation of cost sharing (start-up and ongoing). If applicable, include a plan for sharing all outside agencies needed to provide students with the necessary work or clinical learning experiences. Document agreement with the collaboration plan by **original** signatures of Presidents and Board of Trustees Chair of participating colleges.

NOTE: A collaborative agreement must be approved by the North Carolina Community College System President prior to implementation.

- B.** Collaborative Agreements must include all items from 23 2E.0604 of the NCAC.
1. *Specify the curriculum program(s) to be shared.*
 2. *Define the plan for sharing the curriculum program(s), including who will earn the FTE and grant the award(s).*
 3. *Certify that appropriate and adequate resources are available at each participating college. Where feasible, the joint utilization of physical facilities, equipment, materials, and instructional faculty should be considered.*
 4. *Certify that the curriculum program(s) meets the standards of the appropriate accrediting agency.*
 5. *Be signed by the president and approved by the board of trustees of each participating college (see Attachment 1).*

Note: If a collaborative agreement becomes inactive, a letter of termination must be submitted by the college president to the Vice President of Academic and Student Services at the System Office.

V. Curriculum Design (Required for Concentration Program Applications)

- A. List the major job competencies used to design the curriculum.** Job competencies describe the performance skills required to perform the tasks or duties identified for the curriculum. If the curriculum is either a multi-level or multi-credential program, list the job competencies for each level. Describe the process used to identify the job competencies (DACUM, advisory committee, etc.).
- B.** If this application is for a curriculum program that is on the **current list of program titles** approved by the State Board, please attach the following:
1. the currently approved Curriculum Standard;
 2. the colleges proposed Program of Study; and,
 3. the colleges proposed Curriculum Model.

The Program of Study (Attachment 4) and the Curriculum Model should be designed using the appropriate courses listed in the Common Course Library (CCL). Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study. If the application contains courses new to the CCL, please submit a copy of Attachment 6 for each course. The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

- C.** If this application is for a curriculum program that is **new to the System**, please attach the following:
1. the proposed Curriculum Standard;
 2. the proposed Program of Study;
 3. course descriptions new to the CCL; and,
 4. the proposed Curriculum Model.

Note: The creation of a new curriculum does not necessarily justify the creation of a new prefix and/or courses.

Curriculum Standard

The proposed Curriculum Standard should be developed following the format of Attachment 5 including:

- **Curriculum Description.** The curriculum description should briefly describe the training program, including statements concerning the purpose of the curriculum, subject areas or types of courses offered, and special features associated with the program.
- **Core Courses.** List all the courses that must be included in the core. Include course credit hours and the total number of credit hours for the core. **A minimum of 12 semester credit hours is required in the core.**
- **Concentrations** (if applicable). List all courses required for the concentration under the proposed curriculum program. Identify those courses that are unique to the concentration and may not be offered except in the concentration. Include credit hours for the courses and total hours for the concentration. **A minimum of 12 semester credit hours is required in the concentration. The majority of the credit hours must be unique to the concentration.**
- **Other Major Hours.** List all other major hours courses and/or prefixes used to complete the local Program of Study.

Program of Study

The proposed Program of Study should be designed using the appropriate courses listed in the CCL

(see Attachment 4). Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study.

New Course Descriptions

If the application contains courses new to the CCL, please submit a copy of Attachment 6 for each course.

Curriculum Model

The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

Attachment 1

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

COLLABORATIVE AGREEMENT PLAN

Signature Page

Date:

Program of Study Title: _____ Code:

Concentration Title (if applicable):

College Approved or Applying to Offer Program of Study:

Contact Person: _____ Phone: (____) _____ Ext:

E-mail Address:

Level of Approval/Credential: AAS 9 Diploma 9 Certificate 9
AA 9 AS 9 AFA 9

Proposed Starting Date: Fall 9 Spring 9 Summer 9 Year:
(The collaborative plan must be submitted to the System Office at least thirty (30) days prior to the proposed implementation date.)

Signing this document certifies that: appropriate and adequate resources are available at your college; joint utilization of physical facilities, equipment, materials, and instructional faculty has been considered for this program wherever feasible and the curriculum program meets the standards of the appropriate accrediting agency.

Table with 4 columns: College, Signature, College President, Date, Signature, Board of Trustees Chair, Date. It contains four rows for signature collection.

Please remember to attach the program of study and to specify in the attached collaborative agreement: plan for sharing the curriculum, who earns the FTE, who grants the award(s) and condition of agreement termination. (Rule 23 NCAC 2E.0604)

North Carolina Community Colleges System Office Use Only

Date Received: _____ Recommendation: Approve 9 Disapprove 9

Signature of Program Coordinator, Programs Date Signature of Vice President, AS/S Date

Signature of President, NCCCS Date

Program Planning Process Notification Format

(A separate notification is required for each program application.)

(Date of Notification)

_____ intends to initiate a planning process for _____.
College *Program*

The planning process is expected to be completed by _____, with program implementation in
Date

_____, _____. The anticipated area to be served by this program is _____.
Semester *Year*

Any college interested in participating in the feasibility study and the planning process should respond to

_____ by _____. Invitations to a planning meeting will be sent
Contact Person *Date*

to all responding colleges.

Impact Assessment Survey Format

_____ intends to apply for approval to offer _____.
Applying College *Program Title/Concentration Title/ Code*

The college has determined that _____ is within a reasonable
College with Same or Similar Program
commuting distance from the proposed program and/or is currently offering the same or similar
program entitled and coded as _____.

_____ has assessed the impact of the proposed program on same or similar programs in the
Applying College
community college system. Our colleges assessment of the impact on your program is identified below:

Signature of President of Applying College *Date*

Please indicate your response to this assessment within two weeks of the date of this survey. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

- _____ Yes, I agree with the impact assessment.
- _____ No, I do not agree with the impact assessment.
- _____ Explanation (attach additional comments on other pages):

Signature of President of College with Same or Similar Program *Date*

Program of Study Format

College Approved or Applying to Offer Program _____ **Date**

Program Code

(Not applicable for programs new to the System)

Program Title

Concentration Title

(If applicable)

Credential *(Indicate the highest credential to be awarded)*

_____ **AAS**

_____ **Diploma**

_____ **Certificate**

Proposed Semester and Year of Implementation

Contact Person for Program of Study

Phone (_____) _____ **Extension** _____ **E-mail**

Curriculum Description

Course Number/Title	Class	Lab	Clinic/Exp	Credits
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I. GENERAL EDUCATION

Note: *Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

1. Required Courses

2. Required Subject Area

Humanities/Fine Arts Elective

Social/Behavioral Science Elective

General Education SHC Sub-Total

Course Number/Title	Class	Lab	Clinic/Exp	Credits
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II. MAJOR HOURS

Note: AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, may be included in a degree or diploma program up to a maximum of 8 semester hours and in a certificate program up to a maximum of 2 semester hours.

A. Core

Note: The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

1. Required Courses

2. Required Subject Area

Core SHC Sub-Total

B. Concentration (if applicable)

Note: A concentration of study must include a minimum of 12 semester hours credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.

1. Required Courses

2. Required Subject Area

Concentration SHC Sub-Total

C. Other Major Hours

Note: Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours credit may be selected from any prefix listed, with the exception of prefixes listed in the core or concentration. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degree and diploma curriculum programs up to a maximum of 8 semester hours credit and in certificate programs up to a maximum of 2 semester hours credit.

1. Required Courses

2. Required Subject Area

Other Major Hours SHC Sub-Total

Major Hours SHC Sub-Total

Course Number/Title	Class	Lab	Clinic/Exp	Credits
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III. OTHER REQUIRED COURSES

Note: *A college may require other subjects or courses to complete graduation requirements. These requirements may include electives, orientation, study skills courses, or other graduation requirements.*

1. Required Courses

2. Free Electives

Other Required Courses SHC Sub-Total

Total Semester Hours Credit in Program

College Comments

Course Substitution

Course in Program

Substitute Course(s)

SHC

CURRICULUM STANDARD

Curriculum Program Title _____	Code _____
Concentration _____	

Curriculum Description

Complete this section using the format outlined in Attachment 5A and 5B.

Curriculum Requirements*

- I. **General Education.** Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.
- II. **Major Hours.** AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, may be included in a degree or diploma program up to a maximum of 8 semester hours and in a certificate program up to a maximum of 2 semester hours. *(see back of page for Major Hours requirements)*
- III. **Other Required Hours.** A college may require other subjects or courses to complete graduation requirements. These requirements may include electives, orientation, study skills courses, or other graduation requirements.

	<i>AAS</i>	<i>Diploma</i>	<i>Certificate</i>
Minimum General Education Hours	15	6	0
Minimum Major Hours	49	30	12
Other Required Hours	0-7	0-4	0-1
<i>Total Semester Hours Credit in Program</i>	<i>64-76</i>	<i>36-48</i>	<i>12-18</i>

**Within the degree program, the institution shall include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and basic use of computers.*

Major Hours

- A. Core.** The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.
- B. Concentration** *(if applicable)*. A concentration of study must include a minimum of 12 semester hours credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.
- C. Other Major Hours.** Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours credit may be selected from any prefix listed, with the exception of prefixes listed in the core or concentration. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degree and diploma curriculum programs up to a maximum of 8 semester hours credit and in certificate programs up to a maximum of 2 semester hours credit.

Curriculum / Concentration Title			
	AAS	Diploma	Certificate
<i>Minimum Major Hours Required</i>	49 SHC	30 SHC	12 SHC
A. CORE Required Courses: Required Subject Areas:			
B. CONCENTRATION <i>(If applicable)</i> ** indicates the courses that are unique to the concentration Required Courses: Required Subject Areas:			
C. OTHER MAJOR HOURS <i>To be selected from the following prefixes/courses:</i>			

CURRICULUM DESCRIPTION WORKSHEET

Intent of the Curriculum utilizing terms such as:

This curriculum (is designed to..., prepares individuals..., provides..., etc.)

Up to three sentences with a maximum of 40 words for the paragraph.

Curriculum Content utilizing statements such as:

Course work includes..., Students will..., etc.

Up to three sentences with a maximum of 40 words for the paragraph.

Graduates should qualify for or accomplish (Include certifications, licensure examinations, employment opportunities, etc.)

Up to three sentences with a maximum of 40 words for the paragraph.

CONCENTRATION DESCRIPTION WORKSHEET

_____ is a concentration under the curriculum title of _____.
(concentration title) (curriculum title)

Intent of the Curriculum utilizing terms such as:

This curriculum (is designed to..., prepares individuals..., provides..., etc.)

Up to three sentences with a maximum of 40 words for the paragraph.

Curriculum Content utilizing statements such as:

Course work includes..., Students will... , etc.

Up to three sentences with a maximum of 40 words for the paragraph.

Graduates should qualify for or accomplish (Include certifications, licensure examinations, employment opportunities, etc.)

Up to three sentences with a maximum of 40 words for the paragraph.

ATTACHMENT 6

REQUEST FOR NEW CCL COURSE FORMAT

(page 1 of 2)

Name of College _____

Chief Academic Officer _____
Last Name First MI (print or type)

Chief Academic Officer _____
Signature Date

1. Please justify the need for the addition of this course to the CCL. Describe the process and indicate the results of your collaboration, if any, with colleges approved to offer curriculums in which this course will be taught.

Note: The creation of a new curriculum does not necessarily justify the creation of a new prefix and/or courses.

2. New Course Information

Proposed Three-Letter Prefix: _____ Proposed Three-Digit Number: _____

Course Title: _____
(25 characters maximum including spaces)

Hours: Classroom _____ Lab/Shop _____ Clinical _____ Work Experience: _____ Total Credit _____

Prerequisites: _____ Corequisites: _____

Course Description:

- a. A sentence summary of the course using a maximum of 25 words (This course provides/introduces/covers/is designed to/includes:)
- b. A sentence listing the major components of the course using a maximum of 25 words (Topics include/Emphasis is placed on:)
- c. A sentence listing the competencies of the course using a maximum of 25 words (Upon completion, students should be able to:)

ATTACHMENT 6

REQUEST FOR NEW CCL COURSE FORMAT
(page 2 of 2)

d. Identify the curriculum(s) which this course is intended:

e. Check the appropriate box to indicate the area where this new course will be offered:

General Education

- Communications
 Mathematics and Natural Sciences
 Humanities/Fine Arts
 Social/Behavioral Sciences

Major Hours

- Core
 Other Major Hours

Other

Please specify

f. Identify all the credential levels for which this course is intended:

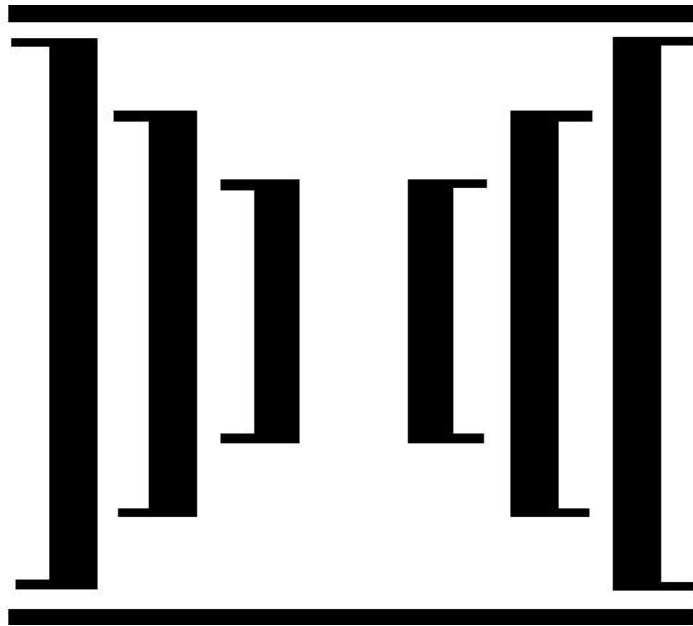
- AAS Diploma Certificate
 AA AS AFA

If approved by the Curriculum Review Committee (CRC), courses requested for AA, AS, and AFA curriculum programs will be forwarded to the Transfer Advisory Committee for consideration as electives for transfer through the Comprehensive Articulation Agreement.

Attachment 7

Optional Cover Page

North Carolina Community College System



CURRICULUM PROGRAM APPLICATION

Community College Name

Program Title

Concentration Title (if applicable)

Date