



**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM**  
*H. Martin Lancaster, President*

November 16, 2006

**RESPONSE DEADLINE: December 5, 2006**

**MEMORANDUM**

TO: Select Chief Academic Officers

FROM: Delores A. Parker, Vice President  
Academic and Student Services

SUBJECT: Requested Revision in *Combined Course Library* Course

The System Office has received a request to revise the following course contained in the *Combined Course Library*:

**SAB 135 Addictive Process**

Attached is a form requesting your approval or disapproval of the proposed change. Please complete and return the form to Kim Jernigan by December 5, 2006. You may fax your response to (919) 807-7164. Once the responses have been received at the System Office, the request will be presented to the Curriculum Review Committee for action at their March meeting.

Thank you for your prompt attention to this matter. If you have questions, please contact Kim Jernigan at (919) 807-7118 or [jernigank@nccommunitycolleges.edu](mailto:jernigank@nccommunitycolleges.edu).

DAP/KJ/swj  
Attachment

c: Select Presidents  
Dr. Judith C. Mann  
Ms. Jennifer Frazelle  
Ms. Kim Jernigan

SO6-044  
Email

**College Recommendation**  
Course Revision Request  
**SAB 135 Addictive Process**

**Current Course Information:**

<b>SAB 135</b>	<b>Addictive Process</b>	3	0	0	3
Prerequisites:	PSY 150 General Psychology				
Corequisites:	None				

*This course explores the physical, emotional, psychological, and cultural aspects of the addictive process. Emphasis is placed on addictions to food, sex, alcohol, drugs, work, gambling, and relationship. Upon completion, students should be able to identify the effects, prevention strategies, and treatment methods associated with addictive disorders.*

**Proposed Prerequisite:** None

**Rationale of Requesting College:** *The prerequisite of PSY 150 restricts program flexibility and is not necessary in order to achieve the academic goals of SAB 135.*

\_\_\_\_\_ We have reviewed the proposed revision and **recommend** the adoption of this change for **SAB 135** for the following reason(s):

\_\_\_\_\_ We concur with the rationale of the requesting college

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ We have reviewed the proposed revision and **do not recommend** the adoption of this change for **SAB 135** for the following reason(s):

\_\_\_\_\_ We do not offer **SAB 135** and wish to decline from making a recommendation.

**College:** \_\_\_\_\_

**Signature of President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form by **December 5, 2006** to:

Kim Jernigan, Program Coordinator  
Health Sciences, Program Services  
NC Community College System  
5016 Mail Service Center  
Raleigh, NC 27699-5016  
Fax Number: (919) 807-7164