**FORM 15-1**

**Request for New *Combined Course Library (CCL)* Course**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of College: Select a college from the dropdown. | | | | | | |
| Chief Academic Officer (Last, First, MI): | | | | | | |
| Chief Academic Officer Signature: | | | | | Date: Select date. | |
| Contact Person: | | | | | | |
| Email: | | | | | | |
| Phone: | | | | | | |
| Rationale for New Course: | | | | | | |
| **Supporting Documentation (Complete all sections.)** | | | | | | |
| *Utilize the keyword search function located through* [*http://www.nccommunitycolleges.edu/academic-programs/combined-course-library*](http://www.nccommunitycolleges.edu/academic-programs/combined-course-library) *(faculty/staff search for curriculum courses) to locate similar courses.* | | | | | | |
| List a current *CCL* course that is most similar to the requested course. Also list any other similar *CCL* course(s): | | | | | | |
| How is the new course significantly different from the identified courses? | | | | | | |
| Colleges That Have Been Consulted: | | | | | | |
| Senior Institutions That Have Been Consulted (for Transfer Courses): | | | | | | |
| Response from Consulted Colleges/Senior Institutions: | | | | | | |
| **Proposed Course Information** | | | | | | |
| Three-Letter Prefix: | | | Three-Digit Number: | | | |
| Short Title (30 characters including spaces): | | | | | | |
| Long Title (for clarification): | | | | | | |
| Classroom Hours  Select | Lab/Shop Hours  Select | Clinical Hours  Select | | Work Experience Hours  Select | | Total Credit Hours |
| Prerequisite(s): | | | | | | |
| Corequisite(s): | | | | | | |
| Description:  A one sentence summary of the course using a maximum of 40 words  *(This course provides/introduces/covers/is designed to/includes...)* | | | | | | |
| A one sentence summary listing the major components of the course using a maximum of 40 words  *(Topics include/Emphasis is placed on...)* | | | | | | |
| A one sentence summary listing the competencies of the course using a maximum of 50 words  Upon completion, students should be able to | | | | | | |

**FORM 15-1**

**REQUEST FOR NEW *CCL* COURSE**

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| Identify the curriculum(s) for which this course is intended: |
| **Check the appropriate box to indicate the area where this new course will be offered**:  The New Course is Intended for:  College Transfer  Cert/Dip/AAS |
| **General Education** |
| Communications |
| Humanities/Fine Arts |
| Mathematics |
| Social/Behavioral Sciences |
| Natural Sciences |
| Universal General Education Transfer (UGETC) |
| **Major Hours** |
| Core |
| Concentration |
| Other Major Hours |
| Premajor/Elective (AA/AS/AE/AFA only\*) |
| Restrict to Major |
| Restrict to Concentration |
| **Other (Please Specify)** |
| **Identify all the credential levels for which this course is intended:** |
| AAS |
| Diploma |
| Certificate |
| Associate Degree (AA/AS/AE/AFA)\* |
| ***\*****An**AA/AS/AE/AFA course request must be accompanied by an endorsement from at least one of the CAOs of a UNC senior institution indicating transfer acceptance of the course with indication of transfer designation (general education, pre-major, or elective.) If the request for a new transfer (CAA) course is approved by the CRC, the procedures as indicated in Appendix C of the Comprehensive Articulation Agreement will need to be followed.* |

**Submitting the Request**

Submit the completed request form by email to: [ccrc@nccommunitycolleges.edu](mailto:ccrc@nccommunitycolleges.edu). If the form has an electronic signature, nothing further must be done. If electronic signature is not available to the requesting college, a hard copy with original signature must be mailed (in addition to the emailed submission) to:

Senior Vice President/Chief Academic Officer

Academic and Student Services

North Carolina Community College System Office

5016 Mail Service Center

Raleigh, NC 27699-5016

*Your college (President and CAO) should receive a letter of receipt within two weeks of submission.*