**FORM 15-2**

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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 Course Change: | | | | | | |
| **Supporting Documentation** | | | | | | |
| Colleges That Have Been Consulted: | | | | | | |
| Response from Consulted Colleges: | | | | | | |
| **Current Course Information** | | | | | | |
| Three-Letter Prefix: | | | Three-Digit Number: | | | |
| Course Title: | | | | | | |
| Classroom Hours  Select | Lab/Shop Hours  Select | Clinical Hours  Select | | Work Experience Hours  Select | | Total Credit Hours |
| Prerequisite(s): | | | | | | |
| Corequisite(s): | | | | | | |
| Description: | | | | | | |
| Curriculum Standard(s) with course in core: | | | | | | |
| **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:  No Change  Changes Indicated Below  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* | | | | | | |
| *\*Please indicate if you would like to pursue an earlier implementation date than the semester listed on page 15-8:* | | | | | | |

**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.*