**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 HoursSelect | Lab/Shop HoursSelect | Clinical HoursSelect | Work Experience HoursSelect | 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 HoursSelect | Lab/Shop HoursSelect | Clinical HoursSelect | Work Experience HoursSelect | Total Credit Hours      |
| Prerequisite(s):       |
| Corequisite(s):       |
| Description: [ ]  No Change [ ]  Changes Indicated BelowA 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. 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.*