Lower Division University Course Form

For help filling out the form press F1 or look at the bottom at the screen. For additional instructions, see Course Form Instructions.	
Type of Action	**Lower Division University Course - Request to offer a lower academic division course from a four-year state supported college or university.** See Rules of the Senate (Section III 2.5).
Notification to University	**According to Rules of the Senate (Section III, 2.5), the college will document notification to the appropriate university department of its intent to offer the course.** **Provide documentation of "notification to the appropriate university department of its intent to offer the course."** **Documentation is attached?** ☐ **Yes** ☐ **No**
General Education Status:	**Any university course or combination of university courses that can be used to satisfy the university requirements for a general education category will also satisfy the KCTCS requirements for that general education category.** **Does this course satisfy university requirements for general education status at the offering university?** ☐ **Yes** ☐ **No** **Documentation attached?** ☐ **Yes** ☐ **No** **If yes, what attribute (category) has been assigned?**

1. Name of institution and state that originally offers the course.

2. Course Prefix and Number:

3. Course Title:

4. Submitting Entity: Curriculum Committee:

                      College:

5. Justification for Course:

6. Will this course be a part of approved curriculum/curricula? ☐ Yes ☐ No
   If yes, which curriculum/curricula?

7. Person(s) Primarily Responsible for Proposal **(Verify that members are still current and active prior to submission.)**:

Name	Teaching Area	College

8. Involvement of Others (Designate Individuals):

   a. System Office Staff:

   b. Others:

9. **PROPOSED
   EFFECTIVE DATE:**

10. Proposed Course Designations:

Credit / Contact Hours:	10a. Credit Hours:	Minimum	Maximum
	10b. Contact Hours:	If lab, etc., ratio of contact hours to credit hours. (See contact/ credit hour ratio chart)	

10c. Requisites:
Pre-requisites: ☐ Yes ☐ No   If yes, list:

Co-requisites: ☐ Yes ☐ No   If yes, list:

11. 11a. Grading Basis : ☐ Letter Grades   ☐ Pass/Fail   ☐ Letter Grades/NO GPA

11b. Repeat for additional credit: ☐ Yes   ☐ No

If yes, how many times: _____   Indicate total credit earned in course: _____

12.   Course Components (check all that require scheduling)

☐ Lecture   ☐ Lab   ☐ Clinical   ☐ Practicum   ☐ On-line Course

13.   Description:

14.   Course Competencies (**Begin statement with a capital letter and end with a period.**):

Upon completion of this course, the student can:

1.

15.   Course outline (Two-level outline required):

    I.   Click here to enter the first main topic. To tab within the outline, press CTRL+TAB.
       A.   Click here to enter the Subtopic.
       B.   Click here to enter the second subtopic. To add additional subtopics, press the ENTER key then press CTRL+TAB.
    II. Click here to enter the second main topic. To tab within the outline, press CTRL+TAB.
       A.   Click here to enter the Subtopic.
       B.   Click here to enter the second subtopic. To add additional subtopics, press the ENTER key then press CTRL+TAB.

16.   List of experiments/activities (If laboratory or clinic is involved):

1.

17.   Indicate suggested Learning Resources

Example:
Sorrentino, S. A., & Gorek, B. (2007). *Mosby's textbook for long-term care assistant* (**5th ed.).**
St. Louis, MO: Mosby-Year Book, Inc.

SUGGESTED LEARNING RESOURCES FOR THIS COURSE

Type in name and date, then press TAB. *Type in title of text, then press TAB.* Type in edition and publishing information, then press TAB.

Submit form, documentation of notification to the appropriate university department of its intent to offer the course, and signature page or minutes of local CRC meeting to Mary Kleber at Mary.Kleber@kctcs.edu.