New Course Form

For help filling out the form press F1 or look at the bottom of the screen. For additional instructions, see Course Form Instructions.							
Ty	pe of Action	New Course – Course not previously offered.					
1.	Catalog Prefix ar	nd Number*:					
2.	Course Title:						
		Pilot Course Information:					
		Are you requesting pilot status <u>only</u> at this time Implementation Date?	? Yes				
		Are you requesting pilot status <u>in addition to</u> re Implementation date? Fall or Spring? Yes					
		Has this course been previously approved as pil	ot status Yes 🗌 No 🗌				
3.	Justification for	requested action.					
4.	Submitting Entity	y: Curriculum Committee: Or College:					
5.		ily Responsible for Proposal (Complete item <u>only</u>	-				
	Nam	Teaching Area	College				

Involvement of Others (Identify Individuals):										
6.	System Office Staff:									
7.	Others:									
8.	Is this course offered at other colleges? Have they been involved in the development of this Yes No course?									
9.	Is this course duplicative or similar to other courses offered by KCTCS? Yes No									
	If yes, Justification:									
10.	Credit / Contact Hours: 10a. Semester Credit Hours: Minimum Maximum									
	10b. Semester Contact Hours: If lab, etc., ratio of contact hours to credit hours. (See contact/ credit hour ratio chart)									
11.	Grading Basis: Letter Grades Pass/Fail Letter Grades/No GPA									
12.	Repeat for additional credit:									
If ye	es, complete the following:									
	Total credit earned in course: Total completions:									
13. 14a.	Open Entry – Open Exit: Yes No Components (Check all components that require scheduling. For each component that is checked, enter the credit hours and contact hours for each component that is checked.): Component Credit Contact Component Credit Contact Hours Hours Hours									
	Lecture Practicum									
	☐ Laboratory ☐ Co-Op									
OR	☐ Clinical ☐ Discussion									
14b.										
	Lecture/ Lecture Lecture Contact Lab Credit Lab Contact Lab Credit									

15.	Requisit	es:									
	Pre-requ	iisite		Yes		No	If yes, list:				
	Co-requi	site		Yes		No	If yes, list:				
	Pre-requi	isite		Yes		No	If yes, list:				
	or										
	Co-requi	site									
16.	Implementation Term (Course scheduled to begin, ex. Fall 2010):										
17.	Proposed Course Description (Course description as it will appear in the catalog.):										
	Course	Propos	sal Ra	tionale:							
18.	Will this	s course	e be a	part of an a	ıpprove	ed curricu	ulum/curricula?				
	If yes, which curriculum/curricula? (Submit a New Curriculum or Revision Form)										
	Course Competencies and Delivery:										
19.	Proposed Course Competencies/Student Outcomes (If part of an organized curriculum, how does it relate to program competencies /outcomes? Begin statement with a capital letter and end with a period.):										
	Upon completion of this course, the student can:										
	1.										
20.	Course (Course Outline (Two-level outline required. Although courses may have more than two levels, the third level									
	is not necessary.)										
	I.						. 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.										
		B.	Click	here to ento here to ento ress CTRL	er the s	econd su	ubtopic. To add additional subtopics, press the ENTER key				
21.	List of e	List of experiments/activities (Courses with components other than lecture. e.g., laboratory, clinical,									
		practicum, etc., must include a <u>sample</u> list of experiment topics or activities. Does not have to be all									
	-inclusiv	e.):									
1.											
22.	Indicate sample suggested classroom resources for course (Should not have publishing date greater than five										

years.)

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

- 22. Provide a rationale for using textbook/references older than five years.
- 23. Is this course equivalent to other courses? **Yes**If yes, please list.

Signatures: Complete and submit a signature page for every proposal.

*The System Office assigns new course numbers. Contact Mary Kleber at Mary.Kleber@kctcs.edu